55TH GLOBAL CONGRESS ON MIGS

AGL 26

BOSTON, MASSACHUSETTS

NOVEMBER 13-16, 2026

Scientific Program

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Rejoni
Elevating Uterine Health

Juveena®



NOW
FDA Approved!

Join Rejoni at AAGL 2026

Two opportunities to see the science behind Juveena®

EXPERIENCE THEATER

Beyond Adhesiolysis: Elevating Adhesion Prevention in Hysteroscopic Surgery

Malcolm G. Munro, MD
Christina A. Salazar, MD, M.Sc.
Pietro Bortoletto, MD, M.Sc.

Sunday, November 15 | 8:30–9:15 AM
Exhibitor Hall, Stage 1

ORAL PRESENTATION

Juveena® Hydrogel Spacer for Prevention of Intrauterine Adhesions After Hysteroscopic Surgery: A Multicenter Randomized Control Trial

Christina A. Salazar, MD, M.Sc.
OS-10: Hysteroscopy and Intrauterine Innovation Across Fertility and Benign Disease
Monday, November 16 | 3:50 PM
Room 311

Visit us at **Booth #520**

INDICATION

The Juveena Hydrogel System is indicated for use in adult women to reduce the incidence and severity of intrauterine adhesion formation following hysteroscopic adhesiolysis for symptomatic moderate to severe intrauterine adhesions.

IMPORTANT SAFETY INFORMATION

The Juveena Hydrogel System should not be used in patients with hemorrhage, active pelvic infection, sexually transmitted disease, or pregnancy, or in patients with known hypersensitivity or allergy to polyethylene glycol (PEG) or FD&C Blue #1 dye. Safety and effectiveness have not been established following hysteroscopic procedures other than adhesiolysis of moderate to severe adhesions, or in patients undergoing thermal endometrial ablation. Patients should avoid pregnancy during the first complete menstrual cycle after treatment. Potential adverse reactions include discomfort, pain/cramping, infection, local inflammatory reaction, and allergic reaction. Patients should contact their physician if they experience severe pelvic pain, fever, heavy bleeding, or signs of infection after the procedure. Caution: Federal (USA) law restricts this device to sale by or on the order of a physician or practitioner. For complete information, see the Instructions for Use.

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REJ-MKT-0045 Rev A



Welcome! from the SCIENTIFIC PROGRAM CHAIR

Dear Friends and Colleagues,

It is my privilege to welcome you to Boston for the AAGL 55th Global Congress.

This Congress was designed with a clear purpose: to bring the patient's voice closer to the center of our work while advancing the science, judgment, and technical excellence that define minimally invasive gynecologic surgery. Our theme—Empowering Women's Voices: Surgical Excellence, Digital Transformation & Outcomes-Driven Care—reflects both the progress of our field and our responsibility to advance awareness, access, and autonomy worldwide.

The breadth of this program reflects the strength of our global community. Across 90 scientific and educational sessions, more than 330 world-renowned faculty members and moderators from around the globe, in addition to 163 abstract and video presenters will contribute their expertise, perspectives, and experience.

Every part of the program was developed intentionally. We sought to create a Congress that does more than display new techniques and technologies. It asks harder questions: Does innovation improve outcomes that matter to patients? How should evidence guide our decisions when the answers remain uncertain? How can digital transformation expand access and strengthen surgical care without replacing sound judgment, compassion, or fundamental surgical principles?

The Main Stage General Sessions give these questions a prominent forum. We will examine the evolving science of endometriosis and openly debate what drives the disease; explore multidisciplinary approaches to the most complex surgical conditions; address the changing relationship between informed patients, physicians, social media, and medical evidence; and consider how technology, telementoring, and global collaboration can extend surgical expertise beyond traditional geographic boundaries. Our keynote address on Compassionomics will bring us back to an equally important truth: human connection is not separate from clinical excellence—it is central to it.

Integrated throughout the General Sessions, our MedTalks are brief, focused presentations designed to challenge prevailing assumptions and begin larger conversations. They ask us to confront the effects of online misinformation and visibility-based medicine, reconsider treatment dogma in endometriosis, recognize awareness as a clinical intervention for women with endometriosis and fibroids, and question whether the outcomes we routinely measure are the outcomes patients value most.

The broader scientific program addresses the full scope of contemporary gynecologic care, including endometriosis, uterine fibroids, adenomyosis, abnormal uterine bleeding, pelvic pain, reproductive surgery, infertility, Müllerian anomalies, cesarean scar disorders, pelvic organ prolapse, adnexal disease, gynecologic oncology, and fertility preservation. These subjects are explored through evidence-based postgraduate courses, surgical tutorials, debates, oral and video presentations, multidisciplinary panels, and hands-on laboratories encompassing laparoscopy, robotics, hysteroscopy, vaginal surgery, vNOTES, ultrasound, suturing, anatomy, complication management, and emerging digital tools.

For the first time, a dedicated three-hour Shared Patient-Clinician experience will bring patients, advocates, and clinicians into the same conversation. Patients' experiences will challenge us to listen more carefully, communicate more transparently, and better align our definitions of success with the lives of the women we serve. Our affiliated societies and international faculty further broaden that conversation, reminding us that progress depends upon learning across disciplines, institutions, and borders.

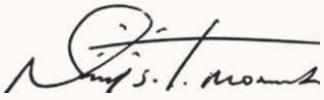
Special sessions will also honor the arc of our profession. Standing on the Shoulders of Giants recognizes pioneers whose courage and ingenuity helped establish our field, while Rising Stars introduces emerging leaders whose work in surgery, research, education, and global health will help determine where it goes next.

This Congress represents the collective work of an extraordinary Scientific Program Committee, dedicated AAGL staff, course leaders, faculty, reviewers, and contributors from around the world. I am deeply grateful for the thought, expertise, and judgment they brought to every stage of its development.

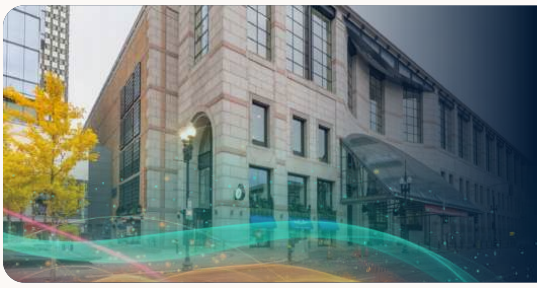
I invite you to participate fully: challenge familiar assumptions, learn from colleagues whose approaches differ from your own, share your experience, and form collaborations that continue well beyond Boston. My hope is that you leave with new knowledge, refined skills, and renewed clarity about how we can move our field forward together.

Welcome to Boston. I look forward to sharing this exceptional Congress with you.

With gratitude,



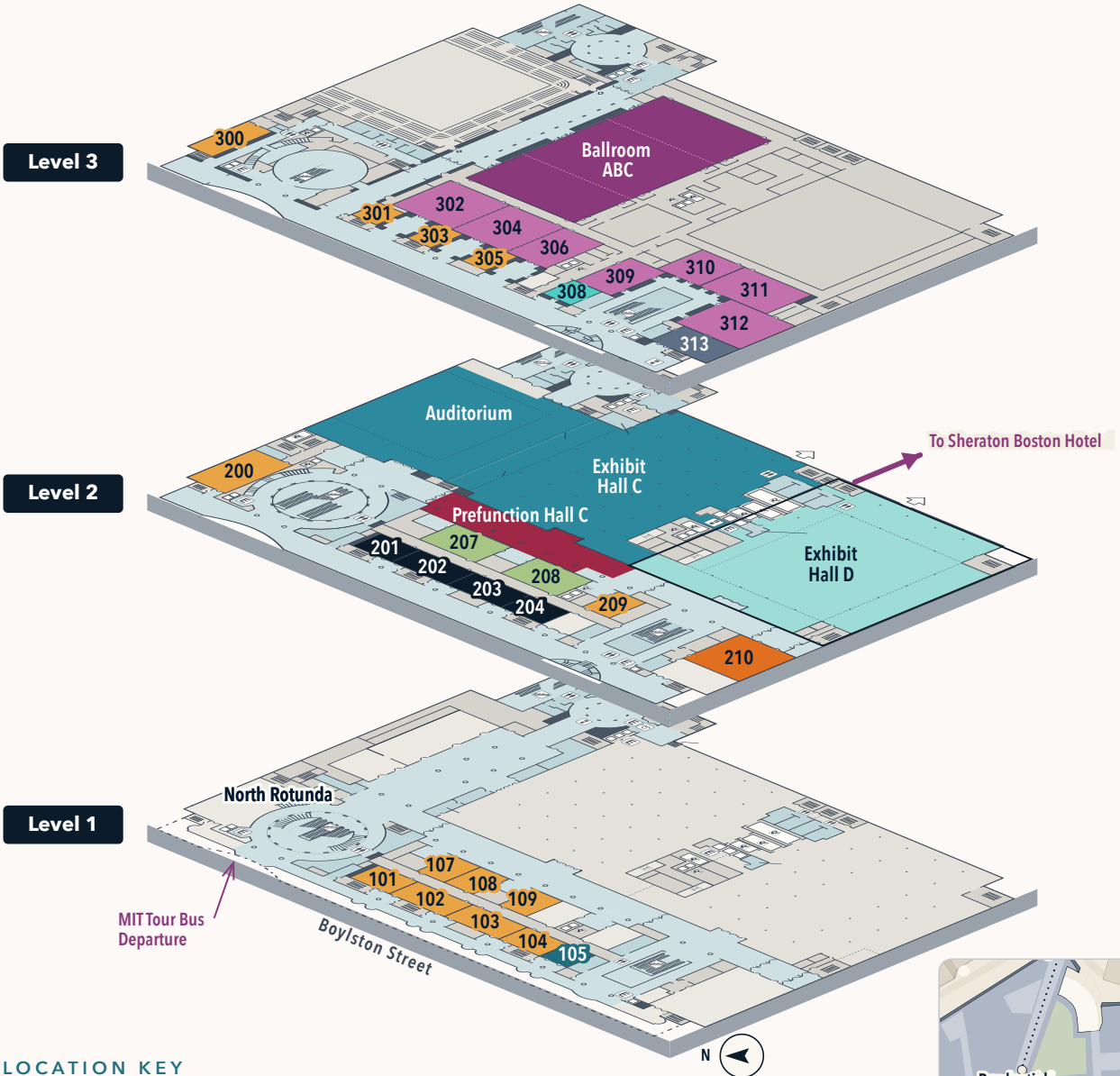
Nash S. Moawad, MD, MS
2026 Scientific Program Chair
AAGL 55th Global Congress



Welcome to the

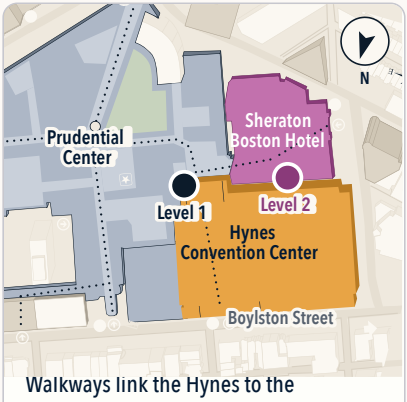
Hynes Convention Center

900 Boylston Street | Boston, Massachusetts 02115



LOCATION KEY

- **Level 1, Level 2 and Level 3** - Committee Meetings
- **Room 105** - Media Room
- **Level 2** - Exhibit Hall C & D and Auditorium
- **Level 2 - Exhibit Hall D** - Fellows Sessions and Postgraduate Labs
- **Level 2 - Prefunction Hall C** - Registration and Information
- **Rooms 201 - 204** - Industry Meeting Rooms
- **Rooms 207 and 208** - Labs/Meetings
- **Room 210** - Fellows, Postgraduate, JMIG Editors' Awards Luncheon
- **Level 3** - Ballroom ABC, General Session
- **Rooms 302, 304, 306, 309, 310, 311, 312** - Education Sessions
- **Room 308** - Mother's Lounge
- **Room 313** - Speaker Ready Room



Walkways link the Hynes to the **Sheraton Boston Hotel** from Level 2 and to the **Prudential Center** from Level 1.

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Abstract & Video Review Distinguished Graders

Adrian C. Balica, Thiers Soares Raymundo, Ralph J. Turner

Abstract & Video Review Top Graders

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Friday, November 13, 2026

	Course		Registration • 2nd floor Prefunction Area	Room
			2026 CBGF Bootcamp • 7:00 am – 4:40 pm • Exhibit Hall D (registration opens at 6:30 am)	
Morning Didactics 10:30 am – 12:30 pm	PG-26004	CME	Didactic - When Benign Turns Complex: Advanced Laparoscopic Strategies for the Unexpected Pelvis	312
	PG-26061	CME	Didactic - Isthmoceles, Cervical Cerclage, and Minimally Invasive Surgery During Pregnancy	311
	PG-26173	CME	Didactic - The Endometriosis Playbook: Case-Based Medical and Surgical Management Across the Lifespan	304
	PG-26193	CME	Didactic - Teaching in the OR: Advancing Surgical Judgment, Autonomy, and Team-Based Learning	310
	PG-26210	CME	Didactic - Reproductive Surgery in the IVF Era: Outcomes-Driven Medical and Surgical Collaboration for Infertility Patients	306
	PG-26212	CME	Didactic - Globalization of Single Port Robotic Surgery in Gynecology- The Next Generation	309
	PG-26219	CME	Didactic - How to Become a Sailor and Not a Pirate: Tips and Tricks in Minimally Invasive Retroperitoneal Surgical Anatomy to Perform Safe Gynecologic Surgery 7th International School of Surgical Anatomy (ISSA) Course	302
			Friday PG Luncheon (Ticket Required) • 12:30 pm – 2:00 pm • 210	
Afternoon Didactics 2:00 pm – 4:00 pm	PG-26007	CME	Didactic - Lead With Words: Communication Skills, Presentation Techniques and Audience Engagement	310
	PG-26040	CME	Didactic - Improving Endometriosis Outcomes Through Translational Research: Advancing Awareness of New Directions	304
	PG-26057	CME	Didactic - Menopause Essentials for the MIGS Surgeon: From the WHI to Hormone Therapy and Surgical Disease	302
	PG-26068	CME	Didactic - Excellence in GYN Coding: Empowering Surgical Practice	311
	PG-26086	CME	Didactic - Safety and Strategy in Endometriosis Surgery: From Mapping to Mastery – Decision-Making for Complex Disease	312
	PG-26117	CME	Didactic - Surgical Ergonomics MasterClass	306
	PG-26118	CME	Didactic - Surgical Technology Survival Guide	309
			MIT Center for Gynepathology Research Tour • 4:45 pm – 6:15 pm • MIT CGR	
			2026 CBG Fellows Graduation • 6:30 pm – 8:30 pm • Huntington Ballroom, Colonnade Hotel	

Saturday, November 14, 2026

	Course		Registration • 2nd floor Prefunction Area	Room
			Wellness Events: Yoga or 5K Fun Run • 6:30 am – 7:30 am	
Morning Didactics 8:00 am – 10:00 am	PG-14000	CME	Didactic - Uterine Fibroids 360° The Art and Science of Managing the Fibroid Uterus	302
	PG-14001	CME	Didactic - Rising Stars	309
	PG-14002	CME	Didactic - Oncology and Adnexal Masses: Risk Stratification, Imaging Algorithms, and Emerging Technologies	306
	PG-14004	CME	Didactic - The Anatomy of a Complication: Avoiding, Recognition, & Repair	312
	PG-844	CME	Didactic - Refining Reproductive Healthcare Decisions With Real-Time Ultrasound	311
	PGSIG-845	CME	Didactic - Ending the Wait for Comprehensive Pelvic Pain Care	304
	PGSIG-849	CME	Didactic - Differentiating Robotic Platforms for Gynecology	310
Morning Labs 9:15 am – 12:15 pm	PGLAB-880		Lab - Suturing in the Vertical Zone	Exhibit Hall D2
Morning Didactics 10:15 am – 12:15 pm	PG-14006	CME	Didactic - Natural Orifice Surgery Masterclass: Vaginal Surgery and vNOTES for the Modern Gynecologic Surgeon	310
	PG-14007	CME	Didactic - Obstructive Mullerian Anomalies Throughout the Lifespan	309
	PG-14008	CME	Didactic - C-Section Scar Ectopic and Niche Evaluation and Management	302
	PG-14009	CME	Didactic - Research Resources: Elevating Gynecologic Science Through Funding and Publication	306
	PGSIG-839	CME	Didactic - Redefining Office Intrauterine Surgery: Pain Science, Technique and Best-Practice Pearls	304
	PGSIG-846	CME	Didactic - Advancing Excellence in Fibroid Management Through Patient Empowerment, Evidence Based Care, and Surgical Strategy	311
	PGSIG-851	CME	Didactic - Bread and Butter of the Endometriosis Surgeon: Technical Mastery in Stage IV Disease	312
			Saturday PG Luncheon (Ticket Required) • 12:15 pm – 2:15 pm • 210	
Afternoon Labs 1:15 pm – 4:15 pm	PGLAB-881		Lab - Suturing for All Skill Levels	Exhibit Hall D2
	PGLAB-885		Lab - Foundations of Laparoscopy in the Robotic Era	Exhibit Hall D4
	PGLAB-886		Lab - The Physician's Guide to Advanced Artificial Intelligence: From Prompting to Practice (Canceled)	208
1:15 pm – 2:45 pm	PGLAB-883		Lab - Advancing Office and Operative Hysteroscopy: Building Proficiency Through Hands-On Simulation	Exhibit Hall D3
Afternoon Didactics 2:15 pm – 4:15 pm	PG-888		The Robotic Surgical Frontier: Advancing Efficiency, Innovation, and Governance in MIGS	207
	PG-14003	CME	Didactic - Structured Management of Chronic Pelvic Pain and Its Mitigation	302
	PG-14005	CME	Didactic - Endometrioma Unveiled	304
	PG-26101	CME	Didactic - Pelvic Pain and Minimally Invasive Gynecologic Surgery: Diagnosis and Management – In Affiliation with the Polish Society of Minimally Invasive Gynecologists	312
	PG-26285	CME	Didactic - From Resident to CBG Surgeon: What You Need to Know	309
	PGSIG-821	CME	Didactic - Evaluation of Complex Pelvic Anatomy in Children and Teens - What is in Our Toolbox?	306
	PGSIG-838	CME	Didactic - Management of Unexpected Gynecological Pathology. What's Next?	310
	PGSIG-857	CME	Didactic - Urogynecology Call 101: Surviving–and Succeeding–on Urogyn Call	311
			General Session I (Opening Ceremony) • 4:30 pm – 5:45 pm • Ballroom ABC	
			Exhibit Hall Saturday - Welcome Reception • 6:00 pm – 8:00 pm • Exhibit Hall	

This symbol CME indicates a postgraduate course or session that qualifies for CME credit.

Sunday, November 15, 2026

Wellness Events: Yoga or 5K Fun Run • 6:30 am – 7:30 am

Exhibit Hall Sunday - Continental Breakfast, Experience Theaters Included with Registration • 8:00 am – 9:30 am • Exhibit Hall

Experience Theater 1 with Rejoni • 8:30 am – 9:15 am • Exhibit Hall

Experience Theater 2 with Johnson & Johnson MedTech • 8:30 am – 9:15 am • Exhibit Hall

General Session II • 9:30 am – 10:45 am • Ballroom ABC

Time	Room 302	Room 304	Room 306	Room 309	Room 310	Room 311	Room 312	Ballroom ABC
11:00 am – 12:00 pm	CME **Surgical Tutorial 422** Endometriosis	CME **Surgical Tutorial 430** AI	CME **Surgical Tutorial 458** Endometriosis *to 12:30 pm*	**Oral Session 1** Endometriosis	**Video Session 1** Endometriosis	CME **Surgical Tutorial 457** Reproductive	CME **Surgical Tutorial 412** Adenomyosis	**Panel 558** International

Exhibit Hall Sunday - Lunch and Experience Theaters Included with Registration • 12:00 pm – 2:00 pm • Exhibit Hall

Experience Theater 1 with Applied Medical Resources • 12:30 pm – 1:15 pm • Exhibit Hall

Experience Theater 2 with Alteva RCM (Previously M&D Capital) • 12:30 pm – 1:15 pm • Exhibit Hall

2:00 pm – 3:00 pm	**Video Session 2** Endometriosis	CME **Panel 520** Complications	CME **Debate 638** Education	CME **Debate 639** Urogynecology	**Oral Session 2** Fibroids	CME **Panel 527** Endometriosis	CME **Surgical Tutorial 455** Technology	**Panel 559** International
3:15 pm – 4:15 pm	CME **Panel 557**	CME **Panel 556** Myomectomy	**Oral Session 3** Reproductive	**Video Session 3** Endometriosis	CME **Panel 555** Neuropelveology	CME **Debate 640** vNOTES	CME **Panel 505** Endometriosis	

General Session III • 4:30 pm – 5:45 pm • Ballroom ABC

The President's Gala - A Swaggerific Shindig • 8:00 pm – 12:00 am • Big Night Live Boston

Monday, November 16, 2026

Advances in Gynecologic Endoscopic Surgery: Perspectives from China • 6:30 am – 8:30 am • 208

Exhibit Hall Monday - Continental Breakfast, Experience Theaters Included with Registration • 8:00 am – 9:30 am • Exhibit Hall

Experience Theater 1 with Hologic • 8:30 am – 9:15 am • Exhibit Hall

Experience Theater 2 with Johnson & Johnson MedTech • 8:30 am – 9:15 am • Exhibit Hall

General Session IV - GynAwareness Women's Health Forum: Endometriosis Across the Lifespan: Awareness, Access, Autonomy & Outcomes • 9:30 am – 12:35 pm • Ballroom ABC

Time	Room 302	Room 304	Room 306	Room 309	Room 310	Room 311	Room 312
10:30 am – 11:30 am	**Video Session 5** Anatomy	**Oral Session 4** Laparoscopy	**Oral Session 5** Endometriosis	**Oral Session 6** Oncology		**Video Session 4** Neuropelveology	CME **Surgical Tutorial 414** Urogynecology
11:35 am – 12:35 pm	CME **Surgical Tutorial 425** Hysteroscopy	**Video Session 7** Hysteroscopy	**Video Session 8** Hysterectomy	**Oral Session 8** Education		**Video Session 6** Other	**Oral Session 7** Robotics

Exhibit Hall Monday - Lunch and Experience Theaters Included with Registration • 12:00 pm – 2:00 pm • Exhibit Hall

Experience Theater 2 with Distalmotion • 12:30 pm – 1:15 pm • Exhibit Hall

General Session V • 2:00 pm – 3:15 pm • Ballroom ABC

3:30 pm – 4:45 pm	**Video Session 11** Fibroids	**Oral Session 9** Endometriosis	**Video Session 9** Endometriosis	**Oral Session 11** AI	**Video Session 10** Anatomy	**Oral Session 10** Hysteroscopy	CME **Debate 641** Reproductive

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The AAGL is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The AAGL designates this live activity for a maximum of 21 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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By developing educational courses in minimally invasive gynecologic surgery (MIGS), we hope to increase the use of MIGS and reduce morbidity and complication rates associated with these procedures.

Congress Educational Content

The AAGL 55th Annual Global Congress on Minimally Invasive Gynecologic Surgery (MIGS), to be held November 13-16, 2026, in Boston, Massachusetts, is designed to provide physicians and other healthcare professionals with comprehensive, evidence-based education in the evaluation, diagnosis, treatment, and longitudinal management of complex gynecologic conditions. The Congress emphasizes the appropriate use of minimally invasive, multidisciplinary, and outcomes-driven approaches to care. Through postgraduate courses, general sessions, scientific presentations, main stage debates, multidisciplinary panels, Pioneers and Trailblazers programming, Rising Stars sessions, surgical tutorials, MedTalks, video sessions, simulation laboratories, patient-centered educational forums, and interactive learning experiences, the Congress promotes continued professional development and advances clinical judgment, patient safety, shared decision-making, research translation, and the delivery of high-quality care.

The educational program reflects the evolving needs of physicians by addressing not only advances in surgical techniques, but also diagnostic reasoning, patient selection, comparative effectiveness, complication prevention, perioperative management, fertility and reproductive decision-making, chronic pelvic pain, health equity, access to specialty care, and the measurement of meaningful patient outcomes. Educational content is developed through a rigorous peer-review process by the Scientific Program Committee to ensure scientific integrity, clinical relevance, educational value, and alignment with identified professional practice gaps.

Consistent with the 2026 Congress theme, Empowering Women's Voices: Surgical Excellence, Digital Transformation & Outcomes-Driven Care. Advancing Awareness, Access & Autonomy Worldwide, the educational program positions surgical excellence within a broader framework of evidence-based practice, digital innovation, patient autonomy, and outcomes-driven decision-making. The program is designed to help learners translate emerging evidence and new research into individualized care strategies while identifying unanswered clinical questions that should guide future investigation and advance the field of gynecologic surgery.

New for 2026, the Congress will include an accredited patient educational forum that brings together physicians, patients, multidisciplinary clinicians, researchers, educators, and advocates to explore the patient experience in the diagnosis and management of endometriosis, chronic pelvic pain, and related gynecologic conditions. This innovative educational offering integrates the patient voice into physician education, reinforces the importance of awareness and access, and supports shared decision-making, patient autonomy, and outcome measures that reflect what matters most to patients.

Practice Gap

The professional practice gap extends beyond the acquisition of minimally invasive surgical technique. Many physicians complete formal Ob/Gyn residency training with variable exposure to advanced gynecologic conditions, evolving evidence, complex clinical decision-making, multidisciplinary care models, and the responsible adoption of emerging technologies. Once in practice, gynecologists may have limited access to structured education, mentorship, peer discussion, and research updates that support evidence-based, patient-centered, and outcomes-driven care.

Additionally, many gynecologists do not perform a sufficient annual volume of complex minimally invasive procedures or encounter the full spectrum of challenging clinical scenarios needed to independently maintain proficiency in advanced operative management, complication prevention, and surgical judgment. The AAGL Annual Global Congress provides formal educational opportunities through postgraduate courses, surgical tutorials, simulation laboratories, hands-on workshops, debates, panel discussions, scientific presentations, patient-centered forums, and interactive educational sessions that enable physicians to strengthen existing skills, acquire new competencies, critically appraise evidence, refine clinical decision-making, and learn from internationally recognized experts.

Educational content encompasses laparoscopic, robotic, hysteroscopic, vaginal, vNOTES, reproductive, urogynecologic, fertility-preserving, selected oncologic and risk-reducing, office-based, and multidisciplinary approaches to complex gynecologic care. Topics include, but are not limited to, uterine fibroids, adenomyosis, endometriosis, chronic pelvic pain, pelvic floor disorders, Mullerian anomalies, adnexal pathology, infertility, menopause-related conditions, complex reproductive surgery, advanced imaging, surgical innovation, digital transformation, research methodology, quality improvement, and outcomes measurement.

The Congress also addresses the expanding body of evidence supporting individualized treatment planning, multidisciplinary collaboration, patient-centered care, and responsible innovation. Learners

are provided with opportunities to evaluate emerging technologies, clinical controversies, research findings, practice guidelines, and implementation strategies that may improve the quality, safety, equity, and effectiveness of gynecologic care.

This continuing medical education is particularly important because minimally invasive approaches, when appropriately selected and safely performed, have consistently demonstrated improved patient outcomes, including reductions in postoperative pain, blood loss, complications, length of hospital stay, recovery time, morbidity, and mortality when compared with more invasive surgical approaches. However, optimal care depends not only on technical execution, but also on accurate diagnosis, evidence-based indications, thoughtful selection among surgical and non-surgical options, multidisciplinary coordination, patient preferences, and meaningful assessment of outcomes. Continuing education enables physicians to evaluate current evidence, incorporate advances in clinical practice where appropriate, and provide individualized care that reflects each patient's values, needs, risks, and treatment goals.

Professional Practice Gap Analysis

MIGS procedures are intended to preserve or improve women's quality of life through less invasive approaches that reduce pain, trauma, recovery time, and complications while improving functional, reproductive, and long-term outcomes. Optimizing patient safety and clinical outcomes requires lifelong learning beyond residency through continuing education, advanced training, mentorship, critical appraisal of evidence, outcomes measurement, and ongoing clinical experience.

Rapid advances in surgical technology, instrumentation, robotics, imaging, artificial intelligence, digital health, and data science continue to influence the practice of minimally invasive gynecologic surgery. At the same time, physicians must remain current with evolving evidence related to diagnosis, patient selection, comparative effectiveness, fertility preservation, chronic pelvic pain, endometriosis, menopause, pelvic floor disorders, and other complex gynecologic conditions. Continuing medical education provides an opportunity for physicians to critically evaluate these advances, distinguish innovation from proven value, and determine how best to incorporate new knowledge into clinical practice.

Variation in surgical training, operative volume, procedural complexity, institutional resources, referral pathways, and access to advanced educational opportunities continue to contribute to differences in physician competence, surgical judgment, and clinical performance. The AAGL Annual Global Congress provides physicians with opportunities to refine technical skills where appropriate, strengthen clinical judgment, evaluate current evidence, discuss difficult cases and controversies, build mentorship networks, and learn from internationally recognized faculty representing diverse areas of expertise.

In addition to advances in surgical techniques, today's gynecologic surgeon must communicate effectively with patients, collaborate with multidisciplinary care teams, interpret evolving research, incorporate evidence-based recommendations, and measure outcomes that are meaningful to patients and health systems. By addressing these educational needs, the Congress seeks to improve physician competence, enhance clinical performance, promote research-informed practice, and ultimately improve patient outcomes through the delivery of high-quality, equitable, patient-centered care.

Cultural and Linguistic Competency Gap Analysis

The following Cultural and Linguistic Competency (CLC) Gap Analysis is included in accordance with California continuing medical education requirements and reflects AAGL's commitment to promoting equitable, culturally responsive, linguistically appropriate, and patient-centered care for all populations.

Despite advances in minimally invasive gynecologic surgery, many women continue to experience delayed diagnosis, fragmented care, limited awareness of available treatment options, inconsistent referral pathways, and barriers to accessing specialty care for benign gynecologic conditions such as endometriosis, chronic pelvic pain, and uterine fibroids. Variability in patient education, language access, health literacy, communication, cultural responsiveness, insurance coverage, geographic access, and shared decision-making may contribute to disparities in timely diagnosis, individualized treatment planning, participation in research, and overall health outcomes. Educational opportunities addressing patient engagement, awareness, access to care, multidisciplinary collaboration, and the patient experience remain essential components of improving equitable healthcare delivery.

Best practice includes providing equitable, patient-centered care through evidence-based communication, shared decision-making, multidisciplinary collaboration, and timely access to appropriate specialty care. Physicians should recognize barriers that may influence diagnosis, treatment, research participation, and long-term management while incorporating patient perspectives, cultural considerations, language needs, individual treatment goals, and lived experience into clinical decision-making. The 2026 AAGL Global Congress addresses these needs through educational content focused on awareness, access, patient autonomy, communication, community engagement, multidisciplinary care, and the inaugural GYNAWARENESS Women's Health Forum, which integrates the patient voice into physician education to improve healthcare delivery, research priorities, and outcomes.

Planning the Intervention

The AAGL Annual Global Congress is designed to address identified educational gaps through a comprehensive educational program that incorporates a variety of instructional methodologies to enhance physician knowledge, competence, clinical judgment, and performance. The Scientific Program Committee develops the educational program through a rigorous peer-review process that evaluates submitted content for scientific quality, educational merit, clinical relevance, balance, innovation, and alignment with the educational needs of physicians and other healthcare professionals involved in the care of women with complex gynecologic conditions.

The Congress provides learners with opportunities to expand their knowledge, judgment, research literacy, and technical expertise through postgraduate courses, general sessions, scientific presentations, main stage debates, panel discussions, Pioneers and Trailblazers programming, Rising Stars sessions, surgical tutorials, video sessions, simulation-based education, abstract presentations, patient-centered forums, innovation sessions, and interactive learning experiences led by internationally recognized faculty, researchers, educators, and multidisciplinary experts.

Recognizing the global nature of minimally invasive gynecologic surgery and women's health, the Congress brings together internationally recognized faculty and participants to exchange evidence-based practices, diverse clinical perspectives, research findings, implementation strategies, and innovative approaches that advance the care of women worldwide.

Educational content is designed to address the continuum of patient care, including awareness, diagnosis, patient evaluation, imaging, treatment selection, shared decision-making, surgical planning, operative management, complication prevention, postoperative care, longitudinal follow-up, research translation, and outcomes assessment. Sessions emphasize the application of current evidence, evolving surgical and non-surgical strategies, emerging technologies, and practical approaches that participants can incorporate into their own clinical practice.

The 2026 educational program also reflects the increasing importance of multidisciplinary collaboration, evidence-based clinical decision-making, individualized patient care, digital transformation, and rigorous outcomes evaluation. Faculty are encouraged to present balanced perspectives regarding current evidence, areas of uncertainty, new technologies, and evolving treatment approaches so that learners can select the most appropriate management strategies for their patients while recognizing where additional research is needed.

As part of the 2026 Congress, AAGL will introduce its first accredited patient educational forum, providing physicians with a unique opportunity to learn alongside patients, advocates, multidisciplinary clinicians, and researchers. This educational experience is intended to strengthen physician understanding of the patient perspective while reinforcing the importance of awareness, access to care, shared decision-making, patient autonomy, research engagement, and outcomes that reflect the priorities of women with gynecologic conditions.

Proposed Method

I. Elevate awareness of the role minimally invasive gynecologic surgery plays within comprehensive women's healthcare by reviewing current evidence, emerging research, best practices, patient-reported outcomes, and unresolved clinical questions that shape the field.

II. Host simulation laboratories and hands-on learning experiences that support technical refinement while emphasizing patient safety, procedural judgment, case selection, complication avoidance, and outcomes-oriented application of skills.

III. Offer surgeons with varying levels of experience opportunities to strengthen knowledge, clinical judgment, research literacy, and appropriate use of robotic-assisted, traditional laparoscopic, vaginal, hysteroscopic, vNOTES, office-based, and other minimally invasive approaches.

IV. Review and reinforce anatomic principles, imaging interpretation, energy safety, suturing, dissection strategy, procedural planning, crisis management, and other foundational competencies as tools to support safe, evidence-based, and individualized care.

V. Promote patient-centered, outcomes-driven clinical decision-making by integrating surgical and non-surgical options, multidisciplinary pathways, shared decision-making, health equity, access considerations, and long-term outcome assessment into the educational program.

VI. Expand awareness and knowledge of minimally invasive gynecologic surgery nationally and internationally while fostering collaboration, mentorship, professional development, research exchange, and dissemination of evidence-based practices among physicians committed to lifelong learning and improving women's healthcare.

VII. Evaluate learner outcomes to assess the impact of the Annual Global Congress on physician knowledge, competence, clinical judgment, performance, and practice change while identifying opportunities for continuous improvement of future educational programming.

VIII. Incorporate the patient voice, scientific discovery, and clinical research across the Congress through patient forums, scientific abstracts, debates, innovation sessions, and multidisciplinary discussions that identify unmet needs and advance solutions for women with gynecologic conditions.

Learning Objectives

Following participation in this activity, learners should be able to:

1. Apply current evidence, practice guidelines, and emerging research to the diagnosis and management of complex gynecologic conditions in order to improve patient care and outcomes.
2. Evaluate diagnostic and treatment options, including surgical and non-surgical approaches, to develop individualized care plans based on disease severity, patient goals, risks, benefits, access, and expected outcomes.
3. Critically assess advances in surgical technology, instrumentation, robotics, imaging, artificial intelligence, digital innovation, and data science, and determine their appropriate application while maintaining patient safety and evidence-based standards of care.
4. Improve the recognition, prevention, and management of surgical and perioperative complications through sound clinical judgment, anatomic knowledge, team communication, and systems-based safety practices.
5. Apply evidence-based strategies for the management of endometriosis, uterine fibroids, chronic pelvic pain, infertility, pelvic floor disorders, menopause-related conditions, reproductive surgery, and other complex gynecologic disorders.
6. Interpret and translate current research, clinical controversies, and outcomes data into practice while identifying knowledge gaps that require further investigation.
7. Incorporate patient-centered communication, shared decision-making, patient autonomy, cultural responsiveness, and health equity principles into clinical practice to support individualized treatment planning and improve equitable patient outcomes.
8. Collaborate effectively with multidisciplinary healthcare professionals, researchers, educators, advocates, and patients to optimize the care of women with complex gynecologic conditions.
9. Analyze emerging evidence, innovation, and clinical controversies to support lifelong learning, quality improvement, responsible adoption of new technologies, and continuous advancement of the field.
10. Integrate newly acquired knowledge, judgment, skills, and patient perspectives into practice to improve physician competence, clinical performance, research-informed care, and patient outcomes.

Barriers to Change

Potential barriers that may prevent physicians from implementing changes in practice include:

- Limited access to advanced education, mentorship, and longitudinal professional development opportunities.
- Differences in institutional resources, equipment, technology, imaging capabilities, and multidisciplinary support.
- Financial constraints, reimbursement limitations, and competing clinical or administrative priorities.
- Time limitations that restrict participation in continuing education, research, quality improvement, and practice redesign.
- Variability in patient populations, disease complexity, referral patterns, social determinants of health, and access to specialty care.
- Limited operative volume or limited exposure to uncommon, high-acuity, or highly complex procedures and clinical scenarios.
- Differences in physician experience, prior training, comfort with new technologies, research literacy, and familiarity with current evidence.
- Organizational culture, institutional support, team readiness, data infrastructure, and ability to measure meaningful clinical and patient-reported outcomes.

Additional barriers may include the rapid evolution of evidence, surgical techniques, technology, digital tools, and clinical guidelines, requiring physicians to continually evaluate and incorporate new information into practice while balancing patient safety, available resources, equity, patient preferences, and individual clinical needs.

Strategies to Address Barriers

The Congress seeks to minimize these barriers by providing:

- Evidence-based educational content that integrates clinical judgment, patient-centered care, research translation, and outcomes-driven practice.
- Expert faculty representing diverse disciplines, practice settings, career stages, geographic regions, and areas of scientific and clinical expertise.
- Interactive discussion, case-based learning, main stage debates, and multidisciplinary panels addressing real-world clinical decision-making and controversy.
- Practical demonstrations, surgical tutorials, and evidence-informed approaches to diagnosis, treatment selection, procedural planning, and complication prevention.
- Surgical videos, scientific presentations, MedTalks, and innovation sessions that critically examine emerging techniques, technologies, research findings, and outcomes data.
- Simulation, hands-on learning, and skills-based education linked to patient safety, procedural judgment, team performance, and quality improvement.
- Peer-to-peer collaboration, mentorship, global exchange, and opportunities to compare approaches across institutions, health systems, and regions.
- Opportunities for questions, discussion, patient voice integration, research engagement, and identification of practice gaps that can guide future investigation and educational programming.

Educational activities encourage physicians to evaluate current evidence, discuss practical application of new knowledge with expert faculty and colleagues, and identify strategies that can be incorporated into their own practice settings. Interactive educational formats provide opportunities for participants to compare approaches to patient management, discuss challenging clinical scenarios, examine areas of uncertainty, and learn practical strategies that may improve physician performance, patient safety, and patient-centered outcomes.

The Congress also promotes collaboration among surgeons, medical specialists, allied health professionals, researchers, educators, advocates, and patients to exchange knowledge, identify research priorities, disseminate best practices, and advance minimally invasive gynecologic surgery and women's health.

Code of Conduct

AAGL is committed to providing a friendly, safe, supportive, and harassment-free environment during the Global Congress. AAGL expects Congress participants to respect the rights of others and communicate professionally and constructively, whether in person or virtually, handling disagreement with courtesy, dignity, and an open mind. All participants are expected to observe these rules of conduct in all Global Congress venues. Organizers will actively enforce this code throughout this event. Violations are taken seriously. If an attendee or participant engages in inappropriate, harassing, abusive or disruptive behavior or language, the AAGL has the right to carry out any action it deems appropriate.

What to Do

If you have any concerns about an individual's conduct, please go to the AAGL Registration Counter for the procedure to follow to report the incident.

Age Restriction

Children under 16 years of age are not permitted in sessions and workshops but may be allowed into the Exhibit Hall if accompanied by an adult.

Audio-Visual Recording

Video- and audio-recording of sessions by congress attendees is strictly prohibited. Registration, attendance, or participation in AAGL meetings, Congress, and other activities constitute an agreement that allows AAGL to use and distribute your image or voice in all media. If you have questions about this policy, please visit the AAGL Registration Counter.

Anti-Harassment Statement

AAGL encourages its members to interact with each other for the purposes of professional development and scholarly interchange so that all members may learn, network, and enjoy the company of colleagues in a professional atmosphere. Consequently, it is the policy of the AAGL to provide an environment free from all forms of discrimination, harassment, and retaliation to its members and guests at all regional educational meetings or courses, the annual Global Congress (i.e., annual meeting), and AAGL-hosted social events (AAGL sponsored activities). Every individual associated with the AAGL has a duty to maintain this environment free of harassment and intimidation.

Reporting an Incident

AAGL encourages reporting all perceived incidents of harassment, discrimination, or retaliation. Any individual covered by this policy who believes that they have been subjected to such an inappropriate incident has two (2) options for reporting:

1. By toll free phone to AAGL's confidential third-party hotline: (833) 995-AAGL (2245) during the AAGL Global Congress or Regional Meeting.
2. By email or phone to: The Executive Director, Linda Michels, at lmichels@aagl.org or (714) 503-6200.

All people who witness potential harassment, discrimination, or other harmful behavior during AAGL sponsored activities are expected to report the incident and be proactive in helping to mitigate or avoid that harm and to alert appropriate authorities if someone is in imminent physical danger. For more information or to view the policy please visit https://aagl.org/wp-content/uploads/2022/10/AAGL-Anti-Harassment-Policy.pdf.



Your Global Congress Experience Includes

- Up to 21 CME Credits.
- Access to 41 Postgraduate Lab and Didactic Courses.
- Congress General Sessions, Debates, "Ted" Style AAGL MED Talks, Panels, Surgical Tutorials, Oral and Video Presentations, and Virtual Posters.
- Exhibit Hall and Opening Reception showcasing the most innovative companies and products in MIGS.
- Food and Beverage Events including: Exhibit Hall Box Lunch, Light Breakfast Each Day, and Morning and Afternoon Beverage Breaks
- Networking and Industry Hosted Experience Theaters and other AAGL Sanctioned Events.
- Access to the online Scientific Program and JMIG Abstract Supplement book.
- Access to AAGL's Virtual Venue, Mobile App, Scheduling Tool, and Networking Platform.

In-Person/Virtual Registration Fees

CATEGORY	AAGL MEMBER	NON MEMBER*
Physician Developed Country	**$1,425**	**$1,870**
Physician Emerging Market**	**$995**	**$1,195**
Fellows***	**$895**	**$960**
Residents***, Allied Health Professionals, Retired	**$795**	**$860**
Medical Student ****	**$375**	**$375**

*Nonmember rate includes one year membership in AAGL.

**Discounted rate for physicians whose countries are on the World Bank list of Emerging Countries. Your registration will be verified.

***Proof of fellowship or residency required.

****Full-time medical students and full-time graduate students working toward first doctorate; documentation required.

Add-On Ticket Options

TYPE	PRICE
Didactics	**Included**
Friday MIT CGR Tour	**$75 per person (limited to 100 participants)**
Saturday Lab Sessions (Limited Seats Available)/Include Lunch	**$375**
Postgraduate Lunch	**$85 per day**
Guest Fee	**$165 per person**
The President's Gala - A Swaggerific Shindig	**$325 per person**
Foundation Fundraiser: Wellness Bundle	**$75 per person**

Guest Policy

A name badge is required for guests attending AAGL26 and must be worn at all AAGL events/sessions. A $165 guest fee applies and includes entry to:

- Opening General Session – Saturday, November 14
- Welcome Reception in the Exhibit Hall – Saturday, November 14
- Entrance to the Exhibit Hall Saturday, November 14 - Monday, November 16

Separate ticket fees apply for Exhibit Hall lunches and the President's Gala. All attendees must be a registered attendee or guest to participate. Please include your guest's name during the registration process. Additional tickets may be purchased at the onsite registration desk but are not guaranteed if event is sold out in advance.

Cancellation Policy

Cancellations must be submitted in writing and received on or before October 12, 2026. You will be refunded less a $150 administrative fee. No refunds can be granted after this date. Unfortunately, refunds cannot be granted for no-shows, however, you will have access to all the on-demand content until January 31, 2027. Note: Cancelling your registration does not automatically cancel your hotel reservation. To cancel your hotel reservation, please refer to the hotel cancellation policy in your hotel confirmation email and contact the hotel directly. Failure to arrive on your scheduled arrival date may result in a penalty. AAGL is not responsible for failure to check-in on your scheduled day of arrival and cannot guarantee availability onsite. If you have any questions, please contact Gerardo Galindo via email: ggalindo@aagl.org or phone to 714-503-6205.

MEET. LEARN. CONNECT.

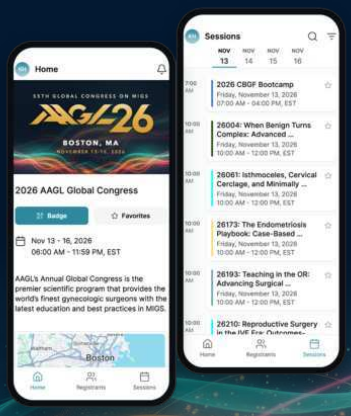
Stay Connected with the #AAGL26 App

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1. Download the Swoogo Go Attend app or Scan the QR code, install, then open app and click "login".
2. Enter the email address you registered with for Congress.
3. Select "Email me a Magic Link" and check your email on your smartphone.
4. Click on the Login button sent in your email. Be sure to click "Allow Notifications."

Download on the App Store

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HOURS

	Friday NOVEMBER 13	Saturday NOVEMBER 14	Sunday NOVEMBER 15	Monday NOVEMBER 16
Registration Desk 2nd floor Prefunction Area, Hynes Convention Center Coat check open during Registration Desk hours and the Exhibit Hall Welcome Reception. Luggage check available Monday, 8:00 am – 5:00 pm.	9:00 am – 5:00 pm	7:00 am – 6:00 pm	8:00 am – 6:00 pm	8:00 am – 2:00 pm
Speaker Ready Room Room 313	9:30 am – 5:00 pm	7:00 am – 6:00 pm	9:00 am – 6:00 pm	9:00 am – 3:00 pm
Mother's Lounge Room 308 Nursing mothers are invited to utilize the Mothers' Lounge Friday - Monday. A Mamava Nursing Pod is also available at the Hynes Convention Center, located on the first floor off the South rotunda near the elevator. Download the Mamava app to unlock the pod.	8:00 am – 5:00 pm	8:00 am – 5:00 pm	8:00 am – 5:00 pm	8:00 am – 5:00 pm

MIT TOUR

Tutorial & Tour of MIT's Center for Gynepathology Research (CGR)



Date: Friday, November 13, 2026
Time: 4:45 pm – 6:15 pm
Location: MIT Campus (25 minute scenic walk from the Convention Center)*
Price: $75 per person (Includes tour and light beverages)
Tour open to physician attendees. Space is limited to first 100 participants.

Registered participants will meet at 4:10 pm at the Hynes Convention Center Boylston Street entrance to walk as a group (1 mile, 25 minutes) or to take a shuttle.

MIT CGR was co-founded by AAGL past-president Keith Isaacson and Linda Griffith in 2009 to bring new technologies into diagnosing and treating endometriosis and adenomyosis. This event will feature short presentations by collaborating surgeons and basic scientists, lab tours, and hands-on demonstrations. The objective is to share the latest developments in organs-on-chips for endometriosis drug development – including updates on old and new drugs being tested in these models and advanced imaging combined with AI interpretation to illuminate endometrial pathologies at the cellular and molecular level. Technical content will be preceded by a reception with light refreshments to foster discussion of how technologies can help clinical practice.

Note: Tour participants will meet/depart from Hynes Convention Center and walk to the MIT Campus. Event takes place rain or shine.

About Linda: Dr. Griffith is the School of Engineering Teaching Innovation Professor of Biological and Mechanical Engineering at MIT and Scientific Director of the MIT Center for Gynepathology Research. An internationally recognized leader in tissue engineering and regenerative medicine, her pioneering work has advanced the understanding of endometriosis and other gynecologic diseases through innovative human tissue models. Dr. Griffith is a member of the National Academy of Engineering and a recipient of a MacArthur Fellowship.

Wellness Events Benefitting the Foundation of the AAGL



VIRTUAL YOGA

Virtual Yoga

Start your morning with movement, mindfulness, and relaxation. This one-hour virtual yoga session is welcoming to all experience levels and designed to help you stretch, de-stress, and reset before a busy day at the meeting.

Saturday, November 14 &
Sunday, November 15
6:30 am – 7:30 am
Virtual
Included with the Wellness Bundle



FUN RUN / WALK

5K Fun Run/Walk

Ready, set… feel good! Lace up your sneakers and join colleagues for AAGL's first-ever Fun Run/Walk benefiting the FAAGL. Whether you run, jog, or walk, this upbeat and inclusive event is all about moving your body, boosting your mood, and supporting a great cause.

Saturday, November 14 &
Sunday, November 15
6:30 am – 7:30 am
Sheraton Hotel Lobby (subject to change)
Included with the Wellness Bundle



STEP CHALLENGE

FAAGL Wellness Step Challenge

Donate to the FAAGL and join the Wellness Step Challenge. Each day of Congress, one random winner will be chosen to receive AAGL branded gear.

Group Name: #AAGL26Wellness

EXHIBIT HALLS C & D

EXPLORE, ENGAGE, ENJOY

Join us at AAGL Booth #709

EXHIBIT HALL HOURS

Saturday, November 14 • 6:00 pm – 8:00 pm • Welcome Reception

Sunday, November 15 and Monday, November 16 • 8:00 am – 2:00 pm

SATURDAY – MONDAY

November

14-16



Welcome Reception

Saturday • 6:00 pm – 8:00 pm

Experience Theaters

Where Knowledge and Technology Come to Life

Auditorium and Hall C

See pages 50 and 73

Food & Beverage

Breakfast: 8:00 am – 9:30 am

Lunch: 12:00 pm – 2:00 pm



AAGL Portrait Studio

Booth #100

Saturday • 6:00 pm – 8:00 pm

Sunday & Monday

8:00 am – 10:00 am & 12:00 pm – 2:00 pm

AAGL Booth #709 Activities

- Featuring Fenway Park Focused Refreshments
  SATURDAY
- Flash your President's Swaggerific Shindig ticket and score a groovy accessory to complete your gala look.
- Discover the AAGL EMIGS program through live demonstrations, then put your skills to the test in the EMIGS Speed Challenge.
- Connect with representatives to learn more about the 2027 AAGL International Congress events.
- Grab a treat, make a connection.

SPECIAL EVENTS

2026 Foundation Awards

CELEBRATING EXCELLENCE IN MIGS

All Awards Will be Presented During the General Sessions.



Sunday, November 15
8:00 pm – 12:00 am

Big Night Live Boston!

Tickets available at the Registration Desk

Friday, November 13, 2026

AAGL/CBGF 2026 Fellows' Boot Camp

7:00 am – 4:40 pm · Exhibit Hall D



Janelle K. Moulder, MD, MSCR, Course Chair

Course Goals:

The goal of this course is to enhance the education of AAGL/CBGF fellows and to prepare the fellow for a successful and thriving subspecialty practice in the field of Complex Benign Gynecology.

Course Description:

This 1-day course is comprised of hands-on activities, including simulation and guided case learning at 4 stations. Our mission is to further educate fellows in the practical and theoretical applications of laparoscopic suturing, advanced endometriosis dissection, advanced gynecologic ultrasound, and complex chronic pelvic pain. Oral presentations include specialized and innovative content at each interactive station, tailored to the fellowship year when appropriate. Written materials to summarize objectives and key learning points are also provided. Faculty will provide hands-on assistance for technical skill development and refinement. Each learning module is designed to maximize learner participation and engagement and provide uniform education that focuses on the most core, complex topics in the AAGL/CBGF curriculum.

Advanced Endometriosis Dissection – Chairs: *Amanda M. Ecker, Kirsten J. Sasaki, Sarah G. Thappa,* ***Co-Chair:*** *Suketu M. Mansuria*

Faculty: *Mark W. Dassel, Stephanie I. Delgado, Amro Elfeky, Eung-Mi Lee, Tobias B. Limperg, Miguel A. Luna-Russo, Meenal Misal, Charlotte M. Pickett*

Session Objectives: 1) Correlate simulated findings with deep infiltrating endometriosis pathology, 2) Apply principles of tissue handling, traction-countertraction, and sharp dissection, 3) Identify key anatomic landmarks, including the ureters, bowel, and uterine vessels, 4) Recognize distorted pelvic anatomy and adapt surgical strategy accordingly, 5) Utilize energy devices safely, with attention to thermal spread and adjacent structures.

Advanced Ultrasound – Chair: *Jessica K. Shields,* ***Co-Chairs:*** *Joseph L. Hudgens, Kacey M. Hamilton, Mathew Leonardi*

Faculty: *Liron Bar-El, Rebecca S. Barbaresso, Yvette S. Groszmann, Golnaz Namazi, Daniel T. Nassar, Shivani Parikh, Rebecca J. Schneyer*

Session Objectives: 1) Apply MUSA and IDEA consensus criteria to systematically evaluate the uterus, ovaries and pelvic compartments, 2) Identify normal pelvic anatomy on ultrasound and perform the sliding sign, 3) Recognize the characteristic ultrasound appearances of endometriosis and adenomyosis, 4) Demonstrate a structured scanning technique for endometriosis assessment, including compartment evaluation and application of ancillary tools, 5) Understand the correlation between ultrasound findings and patient symptoms.

Complex Pelvic Pain – Chair: *Caroline S. Kwon,* ***Co-Chairs:*** *Ashley Gubbels, Eva M. Reina*

Faculty: *Nicole O. Afuape, Christina O. Ajewole, Catherine W. Chan, Nuria S. Garcia-Ruiz, Taylor J. Norton, Catherine J. Rowley, Renee Sullender, Gabrielle T. Whitmore*

Session Objectives: 1) Understand neuropathophysiology for chronic pelvic pain conditions, 2) Identify common overlapping pain conditions, including their symptom manifestation and targeted intervention (e.g. peripheral nerve block), 3) Perform anatomically guided nerve blocks of the abdominal wall and pelvic floor.

Laparoscopic Suturing – Chair: *Michelle Y. Louie,* ***Co-Chair:*** *Kimberly A. Kho*

Faculty: *Salvador Mario Berlanga Narro, Aakriti R. Carrubba, John M. Davitt, Thomas Gallant, Tesia G. Kim, Mateo G. Leon, Emily Lin, Asha B. McClurg, Kelsey I. Musselman, Laura C. Ramirez-Caban, Ghadear H. Shukr, Sara C. Spielman, Sarah E. Swartz, Jeffrey J. Woo, Youssef Youssef, Wenjia Zhang*

Session Objectives: 1) Develop proficiency in advanced laparoscopic suturing techniques through repetitive practice and expert faculty mentorship, with an emphasis on precise tissue approximation and technical efficiency, 2) Demonstrate mastery of intracorporeal and extracorporeal knot-tying techniques while maintaining tissue integrity during reconstruction of delicate pelvic structures, 3) Refine advanced surgical skills through deliberate practice in a simulation-based dry lab, incorporating individualized faculty feedback to accelerate technical skill acquisition and operative confidence.







Scenes from the 2025 Fellows' Boot Camp, Vancouver

COURSE OUTLINE

TIME	EVENT	LOCATION
6:30 am	Registration	
7:00 – 7:30	Breakfast	Room 210
7:40 – 7:55	Introduction and Course Overview	Room 210
7:55 – 8:00	Transition to First Station	
8:00 – 9:30	**Session 1**	
	1A Laparoscopic Suturing	ExHall D2
	1B Complex Pelvic Pain	ExHall D3
	2A Advanced Endometriosis Dissection	ExHall D4
	2B Advanced Ultrasound	ExHall D1
9:30 – 9:40	Transition to Second Station	
9:40 – 11:10	**Session 2**	
	1B Laparoscopic Suturing	ExHall D2
	1A Complex Pelvic Pain	ExHall D3
	2B Advanced Endometriosis Dissection	ExHall D4
	2A Advanced Ultrasound	ExHall D1
11:10 – 11:15	Transition	
11:20 – 12:20 pm	Lunch (Ticket provided)	
12:30	Transition to Third Station	
12:30 – 2:00	**Session 3**	
	2A Laparoscopic Suturing	ExHall D2
	2B Complex Pelvic Pain	ExHall D3
	1A Advanced Endometriosis Dissection	ExHall D4
	1B Advanced Ultrasound	ExHall D1
2:00 – 2:10	Transition to Fourth Station	
2:10 – 3:40	**Session 4**	
	2B Laparoscopic Suturing	ExHall D2
	2A Complex Pelvic Pain	ExHall D3
	1B Advanced Endometriosis Dissection	ExHall D4
	1A Advanced Ultrasound	ExHall D1
3:40 – 3:50	Transition	
3:50 – 4:00	Wrap up and Survey	
4:00 – 4:40	Suturing Competition and Champagne Toast	ExHall D1
4:40	Adjourn	

ABOG MOC Credit

Diplomates who complete this approved simulation activity are eligible to receive Part IV Practice Improvement credit for the American Board of Obstetrics and Gynecology (ABOG) Continuing Certification program.

NOTE: Your participation will be reported to ABOG following the CBGF Bootcamp. Please allow 4 weeks for this process.

Commercial Support

AAGL/CBGF Fellows Bootcamp – November 13, 2026 (non-CME)

AAGL acknowledges that it has received educational grants and/or in-kind support from the following companies: GE Healthcare, Inovus Medical, Johnson & Johnson MedTech, KARL STORZ Endoscopy-America, Inc., Medtronic, and Surgical Science.

ACCME requires the source of all support from commercial interests to be disclosed to learners for all non-CME activities. We gratefully acknowledge their support for these educational activities.

6:30 – 7:30 pm

CBGF Class of 2026 Graduation Ceremony

Huntington Ballroom, Colonnade Hotel

7:30 – 8:30 pm

Graduation Reception

Huntington Ballroom, Colonnade Hotel



CBGF 2026 BOOTCAMP: SESSIONS AT A GLANCE

	1A	1B	2A	2B
Session 1	LSC SUTURING	CPP	ADV ENDO DISSECTION	ADV US
Session 2	CPP	LSC SUTURING	ADV US	ADV ENDO DISSECTION
Session 3	ADV ENDO DISSECTION	ADV US	LSC SUTURING	CPP
Session 4	ADV US	ADV ENDO DISSECTION	CPP	LSC SUTURING

1= First Year Fellows
2= Second- and Third-Year Fellows

PG-26219

How to Become a Sailor and Not a Pirate: Tips and Tricks in Minimally Invasive Retroperitoneal Surgical Anatomy to Perform Safe Gynecologic Surgery 7th International School of Surgical Anatomy (ISSA) Course

10:30 am – 12:30 pm · Room 302 CME




Chair: *Marcello Ceccaroni*
Co-Chair:
Shailesh P. Puntambekar
Faculty: *Javier Magrina, Giovanni Roviglione*

Minimally Invasive surgery for benign and deeply infiltrative diseases represents a difficult and challenging issue for pelvic surgeons. A precise knowledge of pelvic Surgical Anatomy and the achievement of a know-how for navigating the retroperitoneal spaces and structures, provide a powerful tool to formulate a well-planned treatment strategy for a successful and safe surgery. A skilled laparoscopic surgeon is the one who is able to dominate with no fear the surgical field, achieving the perception of retroperitoneum as his "best friend." The golden word for that is: "ANATOMY." A panel of teachers of the International School of Surgical Anatomy (ISSA) of Verona (Italy), directed by Dr. Marcello Ceccaroni, will be delighted to share its experiences with you.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Recognize the anatomical landmarks and major pelvic structures pertinent to gynecologic minimally-invasive surgery and retroperitoneal dissection for basic, intermediate and advances procedures; 2) Apply minimally-invasive surgical techniques to enter and expose avascular spaces of the pelvis, parametrial ligaments, nerves and pelvic vessels and their relations to the ureter and retroperitoneal structures; and 3) Describe the principles of a nerve-sparing "philosophy", the step-by-step dissection of the uterine artery and the pelvic ureter related to the different gynecological retroperitoneal procedures (i.e. big uteri, infraligamentary myomas, deep endometriosis and gynecologic cancers).

COURSE OUTLINE

10:30 am	Welcome, Introduction and Course Overview *M. Ceccaroni*
10:35 am	"Put Some Anatomy and Make It Easier:" Minimally Invasive Surgical Anatomy for a Safe Hysterectomy Step-By-Step in Easy and Difficult Settings *G. Roviglione*
11:00 am	"Friends Will be Friends:" When the Surgeon Meets the Deep Pelvic Spaces, the Parametrial Ligaments and the Ureter. Tips and Tricks for a Safe Minimally Invasive Pelvic Surgery *S. Puntambekar*
11:25 am	"Navigating Through the Electric Storm?" Principles of Neurogynecology and Surgical Anatomy of Visceral and Somatic Pelvic Innervation for a Safe Basic and Radical Surgery *M. Ceccaroni*
11:50 am	"With a Little Help from My Friends:" How Anatomy Can Help the Surgeon in Preventing and Managing Complications *J. Magrina*
12:15 pm	Discussion Questions & Answers
12:30 pm	Adjourn



PG-26193

Teaching in the OR: Advancing Surgical Judgment, Autonomy, and Team-Based Learning

10:30 am – 12:30 pm · Room 310 CME




Chair: *Megan Billow*
Co-Chair:
Lindsey Valentine
Faculty: *Maria Alzamora, Rosanne Kho*

Intra-operative teaching is one of the most influential and underdeveloped skills in gynecologic surgery. Faculty are expected to model judgment, maintain safety, lead teams, and support learner autonomy, often under time pressure and clinical uncertainty. Yet most surgical educators receive little formal guidance on how to teach effectively in the OR. This postgraduate course provides a structured, cross-platform approach to surgical teaching, drawing on expertise from vaginal, laparoscopic, and robotic surgery as well as across the faculty career arc. Through practical frameworks and real-world scenarios, faculty will explore how to teach surgical decision-making, give actionable feedback, teach under stress, and maintain psychological safety during complex or high-stakes cases. Topics will include how to teach restraint, how to use simulation and digital tools to improve readiness and feedback, and how early-career faculty can develop a personal teaching identity. Emphasis will be placed on innovation in teaching technique and leveraging diverse educational models to improve consistency, outcomes, and learner development. Designed for surgeons who actively supervise trainees or early-career colleagues, this course equips attendees with the tools to lead safe, high-functioning, learning-centered ORs.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Apply structured strategies to teach surgical judgment and autonomy in real time; 2) Model effective intraoperative teaching across surgical platforms; and 3) Implement feedback techniques that support learner growth and psychological safety.

COURSE OUTLINE

10:30 am	Welcome, Introduction and Course Overview *M. Billow*
10:35 am	Teaching Surgical Judgment In the OR: Balancing Autonomy, Safety, and Decision-Making *M. Billow*
11:00 am	Teaching in Dual-Console Environments: Simulation, Debriefing, and Platform-Based Coaching *L. Valentine*
11:25 am	Innovating Intraoperative Teaching: Rethinking How We Teach Complex Pelvic and Vaginal Surgery *R. Kho*
11:50 am	From Learner to Leader: Building a Teaching Identity Early in Faculty Life *M. Alzamora*
12:15 pm	Discussion Questions & Answers
12:30 pm	Adjourn

PG-26173

The Endometriosis Playbook: Case-Based Medical and Surgical Management Across the Lifespan

10:30 am – 12:30 pm · Room 304 CME




Chair: *Olga Bougie*
Co-Chair: *Jade Desilets*
Faculty:
Chandrew Rajakumar, Jonathon Solnik

Endometriosis impacts patients across their lifespan and effective management requires individualized, evidence-based approaches that may change throughout the patient's journey. This postgraduate course will use case-based learning to walk participants through medical and surgical decision-making for endometriosis management across adolescence, reproductive years and perimenopause. Each vignette will be structured to mirror day-to-day clinical practice and highlight the unique challenges/controversies patients encounter throughout different life stages. Participants will be encouraged to participate through interactive discussions and polling options. The course will address common real-world dilemmas such as: Optimal patient selection for surgery and ideal timing of surgery, how to select hormonal suppression while considering tolerability and adverse effects, review of chronic pain management, consideration for fertility optimization/preservation. The session will emphasize shared decision-making, aligning treatment choice with symptom burden, and fertility goal. We will review surgical planning and operative strategies for superficial and deep disease with surgical videos and technique pearls that can be used to reinforce best practices while minimizing complications and protecting ovarian reserve. Target Audience • MIGS surgeons and advanced laparoscopy/robotics gynecologic surgeons • Reproductive endocrinology/infertility-focused gynecologists • Fellows and senior residents • Clinicians managing chronic pelvic pain and endometriosis across age groups.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Apply a lifecycle-based framework to select initial endometriosis management (medical vs surgical), aligned with patient goals, symptom severity, and long-term fertility plan; 2) Choose and counsel on evidence-based hormonal suppression options (including risk–benefit considerations such as bone health and tolerability) and to individualize therapy selection based on age, health history, symptoms, and treatment goals; and 3) Plan the timing and scope of surgery based on symptoms, disease complexity and reproductive goals.

COURSE OUTLINE

10:30 am	Welcome, Introduction and Course Overview	*J. Solnik*
10:35 am	Medical Management of Endometriosis and Approach to pelvic pain In the Adolescent Patient Population	*C. Rajakumar*
11:05 am	Medical and Surgical Management of Endometriosis for Patients of Reproductive Age	*O. Bougie*
11:40 am	Medical and Surgical Management of Endometriosis In the Perimenopause Patient Population	*J. Desilets*
12:10 pm	Conclusion & Take Home Points	*J. Solnik*
12:15 pm	Discussion Questions & Answers	
12:30 pm	Adjourn	



PG-26212

Globalization of Single Port Robotic Surgery in Gynecology- The Next Generation

10:30 am – 12:30 pm · Room 309 CME




Chair: *Johnny Yi*
Co-Chair: *Xiaoming Guan*
Faculty: *Hye-Sung Moon, Xiang Xue*

This course focuses on the impact of single port robotics in gynecology. As the next generation of minimally invasive gynecologic surgery, single port robotics offers less incisions and advancements in technology that allow surgeons to perform complex GYN, Urogyn and GYN Onc procedures. Single site laparoscopic surgery has had variable adoption around the world due to its steep learning curve. However, single port robotics platforms surpass these limitations, allowing for complex procedures to be rapidly performed with these new platforms. This course aims to showcase evidence-based outcomes of single port robotic platforms, including US data and data from South Korea, Japan and China. Further, novel technologies and platforms beyond those available in the US will be discussed.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Identify the benefits and pitfalls of applying single port robotics surgery technology with a focus on Urogynecology; 2) Recognize the different platforms available globally, and familiarize themselves with the Chinese experience, both abdominally and vNOTES; and 3) Identify the impact that single port robotic surgery has had on the surgical landscape in South Korea, transitioning from single site laparoscopy to robotics.

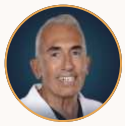
COURSE OUTLINE

10:30 am	Welcome, Introduction and Course Overview	*J. Yi*
10:35 am	Advantages and Pitfalls of Converting to Single Port Robotics in Urogynecology- US Perspective	*J. Yi*
11:00 am	Single Port Robotics vNOTES- Why Transition from Laparoscopy? US and China Perspective	*X. Guan*
11:25 am	The Changing Landscape of Single Site Surgery in GYN Oncology- South Korea Perspective	*H. Moon*
11:50 am	Single Port Robotics Gynecologic Surgery in China- a Competitive Marketplace to Safely Advance Technology	*X. Xue*
12:15 pm	Discussion Questions & Answers	
12:30 pm	Adjourn	

PG-26210

Reproductive Surgery in the IVF Era: Outcomes-Driven Medical and Surgical Collaboration for Infertility Patients

10:30 am – 12:30 pm · Room 306 CME



Chair: *Charles E. Miller*
Faculty: *Sadikah Behbehani, Pietro Bortoletto, Keith Isaacson*

This course is a comprehensive, two-hour exploration into cutting-edge techniques and advances in reproductive surgery. Designed for gynecologic and reproductive surgeons, this post-graduate course emphasizes evidence-based, fertility-sparing and fertility-promoting surgical approaches. Faculty will also highlight patient care workflows that foster partnership between subspecialties and promote individualized care. Participants will gain a structured approach to the management of advanced endometriosis, with focused discussion on how inflammatory changes and disease manifestations impact fertility and quality of life. Faculty will demonstrate advanced minimally invasive laparoscopic and robotic techniques that prioritize surgical precision while preserving reproductive potential. The course will also highlight the complexities of adnexal surgery in patients actively seeking fertility, with attention to ovarian reserve preservation, tubal pathology, and individualized sequencing of surgery versus assisted reproductive technologies. Participants will learn contemporary frameworks for determining when surgical intervention enhances fertility outcomes and when IVF should precede surgery, incorporating patient age, ovarian reserve markers, prior infertility treatments, and long-term family-building goals. Innovative uterine surgical approaches will be featured, including laparoscopic and robotic management of uterine isthmoceles, adenomyosis, and cervical insufficiency, with emphasis on optimizing uterine function for both embryo transfer and unassisted conception. The course will also include a focused exploration of the uterine microenvironment, highlighting advanced hysteroscopic techniques for diagnosing and treating infertility-related intrauterine pathology such as Asherman's syndrome and retained products of conception. Throughout the course, expert reproductive surgeons will use surgical videos and case-based discussion to translate evolving technology and evidence into practical, outcomes-focused clinical strategies. Attendees will leave with actionable tools to elevate surgical care, enhance collaboration with fertility specialists, and improve reproductive outcomes for women worldwide.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Diagnose and manage advanced pelvic adhesions and deep endometriosis using fertility-sparing, minimally invasive strategies informed by disease biology and patient goals; 2) Apply innovative hysteroscopic, laparoscopic and robotic techniques to the uterus and adnexa, including management of adenomyosis, isthmoceles, adnexal pathology, and cervical insufficiency to optimize both assisted and unassisted conception; and 3) Establish effective collaborations with IVF practices by understanding referral expectations, co-management strategies, and optimal sequencing for reproductive surgery within the framework of fertility treatments.

COURSE OUTLINE

10:30 am	Welcome, Introduction and Course Overview	*C. Miller*
10:35 am	Laparoscopic/Robotic Innovations for Uterine Reproductive Success	*C. Miller*
11:00 am	Enhancing the Endometrial Environment for Conception through Innovative Hysteroscopic Techniques	*K. Isaacson*
11:25 am	Don't Put All Your Eggs in One Basket: Adnexal Surgery in Patients Seeking Fertility	*P. Bortoletto*
11:50 am	Unlocking Pelvic Factor Infertility Using a Fertility Sparing Approach to Endometriosis	*S. Behbehani*
12:15 pm	Discussion Questions & Answers	
12:30 pm	Adjourn	

PG-26004

When Benign Turns Complex: Advanced Laparoscopic Strategies for the Unexpected Pelvis

10:30 am – 12:30 pm · Room 312 CME





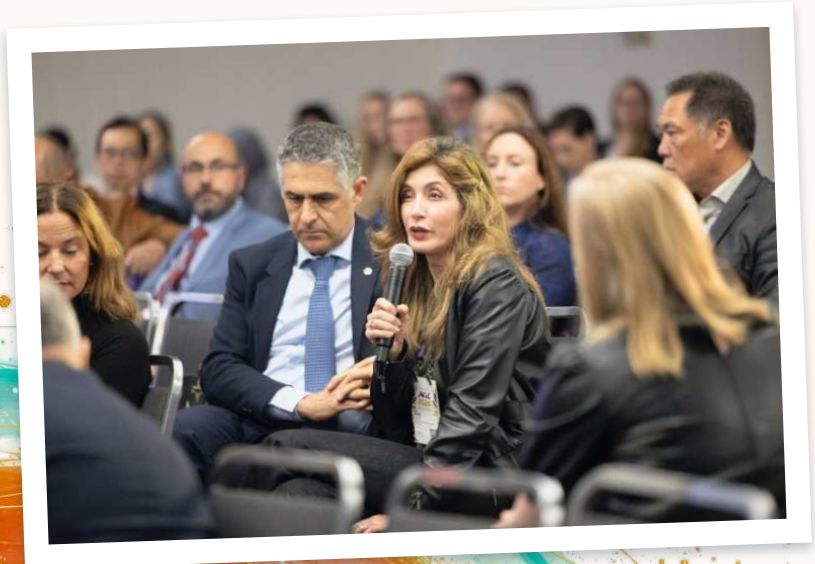
Chair:
Luis F. Garcia Rodriguez
Co-Chair:
Fernando Heredia
Faculty:
Thiers Soares Raymundo, Juan Diego Villegas-Echeverri

Benign gynecologic surgery may unexpectedly escalate into highly complex operative scenarios, challenging even experienced laparoscopic surgeons. Pelvic abscesses, frozen pelvis, large benign tumors, complex hysterectomy, and unexpected adnexal findings require advanced anatomical knowledge, refined laparoscopic skills, and real-time surgical judgment. This postgraduate course focuses on advanced laparoscopic strategies to safely manage complex benign gynecologic conditions. Through expert-led, step-by-step video case analysis and structured decision-making frameworks, participants will gain practical tools to navigate high-risk benign surgery, minimize complications, and optimize surgical outcomes.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Recognize intraoperative warning signs that convert benign pathology into complex surgical scenarios; and 2) Navigate high-risk benign surgery, minimize complications, and optimize surgical outcomes.

COURSE OUTLINE

10:30 am	Welcome, Introduction and Course Overview	*L. Garcia Rodriguez*
10:35 am	Adnexal Surprises: When Benign Is Not Straightforward	*F. Heredia*
11:00 am	Frozen Pelvis: Navigating Severe Adhesions and Distorted Anatomy	*T. Soares Raymundo*
11:25 am	Pelvic Abscesses and Hostile Inflammatory Pelvis	*J. Villegas-Echeverri*
11:50 am	Large Benign Tumors and Complex Laparoscopic Hysterectomy	*L. Garcia Rodriguez*
12:15 pm	Discussion Questions & Answers	
12:30 pm	Adjourn	*PG Luncheon, Friday, November 13, 2026 12:30 pm – 2:00 pm Room 210*



PG-26061

Isthmoceles, Cervical Cerclage, and Minimally Invasive Surgery During Pregnancy

10:30 am – 12:30 pm · Room 311 CME




Chair: *Kathiane Augusto*
Co-Chair: *Jamal Mourad*
Faculty: *Sara Karbage, Resad P. Pasic*

Isthmoceles, Cervical Cerclage, and Minimally Invasive Surgery During Pregnancy - Indications, timing, surgical strategies, and maternal–fetal safety. Isthmocele management, cervical cerclage, and minimally invasive surgery during pregnancy are complex clinical scenarios requiring precise indications, advanced decision-making, and strict maternal–fetal safety principles. This postgraduate didactic course focuses on evidence-based patient selection, optimal timing, and surgical strategy to translate current evidence into consistent, high-quality professional practice. Faculty will address minimally invasive approaches to symptomatic isthmoceles and cervical insufficiency and will define safety boundaries for selected surgical interventions during pregnancy, emphasizing multidisciplinary decision-making and risk mitigation.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Identify appropriate indications and contraindications for surgical management of isthmoceles and cervical insufficiency; 2) Determine optimal timing and minimally invasive surgical strategies for isthmocele repair and cervical cerclage across reproductive and pregnancy contexts; and 3) Apply maternal–fetal safety principles to guide decision-making for minimally invasive surgery during pregnancy.

COURSE OUTLINE

10:30 am	Welcome, Introduction and Course Overview *K. Augusto*
10:35 am	Restorative Reproductive Surgery *R.P. Pasic*
11:00 am	Isthmocele: Indications, Evidence, and Surgical Decision-Making *K. Augusto*
11:25 am	Minimally Invasive Cervical Cerclage: Patient Selection, Timing, and Outcomes *J. Mourad*
11:50 am	Maternal–Fetal Safety and Risk Mitigation in Surgical Decision-Making *S. Karbage*
12:15 pm	Discussion Questions & Answers
12:30 pm	Adjourn



Friday PG Luncheon

(Ticket Required)

12:30 pm – 2:00 pm • Room 210

PG-26086

Safety and Strategy in Endometriosis Surgery: From Mapping to Mastery – Decision-Making for Complex Disease

2:00 pm – 4:00 pm · Room 312 CME




Chair: *Helder Ferreira Sr.*
Co-Chair: *Mario M. Malzoni*
Faculty: *Alessandra Di Giovanni, Amani Harris*

This interactive postgraduate course provides a practical, strategy-focused roadmap for safe and effective endometriosis surgery. Using expert surgical videos, real clinical cases, and evidence-based algorithms, four internationally recognized surgeons will teach: how to plan complex procedures how to execute safe dissection, how to decide between conservative and radical approaches, and how to manage intraoperative challenges. The course emphasizes the core philosophy: "Strategy first, technique second."

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Develop a structured algorithm for preoperative evaluation and surgical planning in endometriosis. 2) Identify key anatomic landmarks essential for safe dissection; 3) Apply stepwise strategies for deep infiltrating endometriosis 4) Choose the appropriate surgical extent based on symptoms and functional goals; 5) Recognize high-risk situations requiring multidisciplinary management; and 6) Implement practical methods to prevent and manage complications.

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview	*H. Ferreira*
2:05 pm	Setting the Stage: What Defines Safe Endometriosis Surgery?	*H. Ferreira*
2:30 pm	Deep Endometriosis: Choosing the Right Operation | Rectovaginal and Bowel Disease Shaving Vs Disc Vs Segmental Resection | Bladder and Ureteral Endometriosis | When to Stop, When to Stage	*M. Malzoni*
2:55 pm	Preoperative Mapping: The Foundation of Safety	*A. Di Giovanni*
3:20 pm	Anatomy-Driven Strategy: Retroperitoneal Access and Nerve Preservation	*A. Harris*
3:45 pm	Discussion Questions & Answers	
4:00 pm	Adjourn	

PG-26040

Improving Endometriosis Outcomes Through Translational Research: Advancing Awareness of New Directions

2:00 pm – 4:00 pm · Room 304 CME




Chair: *Danielle E. Luciano*
Co-Chair: *Kelly Wright*
Faculty: *Elise Courtois, Linda Griffith*

Endometriosis remains the least funded and studied conditions per quality adjusted life years (QALYs), according to National Institutes of Health data. As a result, research into endometriosis is well behind other disease states, and relies not only on basic scientists, but also surgical experts. This course, led by basic scientists and surgeon researchers, will update the audience on future advancements in endometriosis research and define the role of the endometriosis surgeon in translational research. The goal of the course is to demonstrate how collaborative relationships between endometriosis surgeons and basic scientists can advance our understanding of this complex disease and advocate for our patient community with better treatments.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Discuss the importance of research in understanding the pathophysiology of endometriosis and the difficulties in defining outcomes in endometriosis research; 2) Examine the important role of a surgeon in basic science and how to set up contemporary collaborative models for advancing research that do not detract from clinical responsibilities; and 3) Evaluate recent advancements in Endometriosis Research and the pitfalls in current diagnostic tests and treatments.

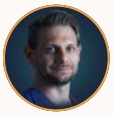
COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview	*D. Luciano*
2:05 pm	Why Is Translational Research Important to Advance the Care of Endometriosis Patients and How Can the Endometriosis Surgeon Help?	*D. Luciano*
2:30 pm	How Can an Endometriosis Surgeon and Basic Scientist Collaborate to Advance Research without Detracting from Clinical Responsibilities?	*K. Wright*
2:55 pm	What Information Are We Lacking about Endometriosis Pathophysiology and How Does Single Cell Spatial Transcriptomics Help Us to Better Understand It?	*E. Courtois*
3:20 pm	How Can Models of Endometriosis Lesions Help Us to Better Study the Disease and What Have We Learned so Far?	*L. Griffith*
3:45 pm	Discussion Questions & Answers	
4:00 pm	Adjourn	

PG-26118

Surgical Technology Survival Guide

2:00 pm – 4:00 pm · Room 309 CME




Chair: *Joao Epprecht*
Co-Chair: *Fernanda Okita*
Faculty: *Jordanna Diniz, Heron Werner*

Technological innovation in gynecologic laparoscopy is advancing at an unprecedented pace. Fluorescence-guided surgery, structured video recording and editing, artificial intelligence applications, and 3D mapping for surgical planning are no longer experimental concepts – they are becoming essential tools in contemporary practice. This course is designed as a practical survival guide for surgeons navigating this rapidly evolving landscape. Participants will gain a clear understanding of fluorescence-assisted surgery, including its physiological principles, clinical applications, and equipment optimization. The course will also explore the strategic use of surgical video – from high-quality recording techniques to efficient editing workflows and emerging AI-assisted analysis tools. In addition, attendees will be introduced to 3D modeling and mapping technologies for preoperative planning, with an emphasis on complex gynecologic cases such as deep infiltrating endometriosis and advanced pelvic pathology. Through practical demonstrations and case-based discussions, this course aims to empower surgeons to integrate advanced technologies safely, critically, and effectively into daily surgical practice.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Describe the principles and clinical applications of fluorescence assisted surgery in gynecologic laparoscopy. Implement structured strategies for surgical video recording and editing; 2) Optimize the use of fluorescence imaging systems to enhance anatomical identification and surgical safety; 3) Apply 3D mapping and modeling technologies to improve preoperative planning and intraoperative decision-making and 4) Evaluate current and emerging applications of artificial intelligence in surgical analysis and education.

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview	*J. Epprecht*
2:05 pm	Fluorescence Assisted Surgery and Moderation	*J. Epprecht*
2:30 pm	Video Recording Tricks, Editing and AI	*F. Okita*
2:55 pm	Robotic Surgery Integrations With these Previous Topics - 3D Modeling, Fluorescence, Video Editing and AI	*J. Diniz*
3:20 pm	3D Virtual and Printed Models for Surgical Planning	*H. Werner*
3:45 pm	Discussion Questions & Answers	
4:00 pm	Adjourn	

PG-26057

Menopause Essentials for the MIGS Surgeon: From the WHI to Hormone Therapy and Surgical Disease

2:00 pm – 4:00 pm · Room 302 CME




Chair: *Brianne D. Romeroso*
Co-Chair: *Barbara S. Levy*
Faculty: *James Simon*

Menopause knowledge is increasingly essential for the modern MIGS surgeon. Many patients undergoing minimally invasive gynecologic surgery are perimenopausal or postmenopausal, and surgical interventions themselves may precipitate or accelerate menopause. Yet many surgeons report limited formal training in menopause physiology, interpretation of the Women's Health Initiative (WHI), or evidence-based use of menopausal hormone therapy (MHT). The recent transition in fellowship nomenclature from Minimally Invasive Gynecologic Surgery to Complex Benign Gynecology underscores the expanding scope of surgical practice beyond operative technique alone to encompass longitudinal, multidisciplinary care across the reproductive lifespan. As this evolution emphasizes comprehensive management of benign gynecologic disease, competence in menopause care becomes even more imperative for both trainees and faculty caring for midlife patients. This postgraduate course will provide MIGS surgeons with a practical, clinically relevant foundation in menopause care, emphasizing how menopause and MHT intersect with common surgical diseases such as fibroids and endometriosis. The course will address persistent misconceptions surrounding the WHI, review current evidence-based approaches to MHT, and explore how menopausal status and hormone therapy influence symptom presentation, surgical decision-making, and postoperative management. By integrating menopause education into MIGS practice, this course addresses a critical educational gap within gynecologic surgery training while supporting AAGL's mission to advance comprehensive, evidence-based care for women undergoing minimally invasive gynecologic surgery.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Explain why menopause knowledge is essential for the MIGS surgeon, including how menopausal status and hormone therapy influence fibroids, endometriosis, surgical decision-making, and long-term patient outcomes; 2) Critically interpret evidence from the Women's Health Initiative (WHI), including its limitations, common misinterpretations, and subsequent analyses, to inform contemporary counseling and clinical decision-making regarding menopausal hormone therapy (MHT); and 3) Implement evidence-based hormonal and non-hormonal strategies for the management of menopausal symptoms such as vasomotor symptoms and sexual dysfunction, including the safe prescribing of estrogen, progestogen, and testosterone therapy.

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview
2:05 pm	Menopause & MIGS: Why It Matters for the Surgeon; Hormone Therapy 101: Practical Prescribing for Surgeons *B. Romeroso*
2:30 pm	The Women's Health Initiative: Interpreting the Evidence for Today's Patients; Hormone Therapy 101: Practical Prescribing for Surgeons *B. Levy*
2:55 pm	Testosterone Therapy and Female Sexual Dysfunction; Hormone Therapy 101: Practical Prescribing for Surgeons *J. Simon*
3:20 pm	Discussion Questions & Answers
4:00 pm	Adjourn

PG-26117

Surgical Ergonomics MasterClass

2:00 pm – 4:00 pm · Room 306 CME




Chair: *Jacqueline M. Wong*
Co-Chair: *Sangeeta Senapati*
Faculty: *Kimberly Kho, Riley Young*

MIGS is physically demanding. Thus, it is imperative that we take care of our bodies to ensure good health over the course of our careers. Ergonomics is the science of helping to create better work environments, simultaneously improving efficiency and productivity while preventing injuries and reducing discomfort. For this master class, join us as we discuss the importance of ergonomics in the OR, the office and in clinic. Learn practical ways to improve your movements posture, the importance of breaks as well as exercises to use while on the go. This course will cover topics including the ergonomic challenges of being pregnant in the OR, using instruments made for larger hands or those who are right-hand dominant, and how to return to work after an injury. We will explore new technologies such as artificial intelligence-based evaluations and exoskeletons to support good ergonomics. Lastly, this session will discuss how to be an advocate for ergonomics within your hospital system and how to ensure that training ensures that the next generation of gynecologic surgeons learn best movement practices. This course will teach pragmatic practices and movements that you can bring directly to the OR with you immediately after you leave Boston.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Identify risk factors for work-related musculoskeletal pain and describe both clinical and nonclinical implications of work-related pain; 2) Synthesize best practices to mitigate injury and disability; and 3) Identify each surgeon's role in preserving their own professional longevity as well as tools to advocate for system-wide improvements in ergonomics for the whole health care team.

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview *J. Wong*
2:05 pm	Surgical Ergonomics for Ob-Gyns: What You Don't Know Can Hurt You *J. Wong*
2:30 pm	Educating Our Peers, Trainees and Colleagues in Ergonomics: Tools to Make Change *S. Senapati*
2:55 pm	Raising the Bar (and the OR Table): The Impact of Surgical Ergonomics on Our Careers As Ob/Gyns *K. Kho*
3:20 pm	Ergonomics Assessments and Ergonomics Coaching for Surgeons *R. Young*
3:45 pm	Discussion Questions & Answers
4:00 pm	Adjourn

PG-26068

Excellence in GYN Coding: Empowering Surgical Practice

2:00 pm – 4:00 pm · Room 311 CME




Chair: *Nichole Mahnert*
Co-Chair: *Jacob Lauer*
Faculty: *Jon K. Hathaway, Stephanie Henderson*

This course provides a comprehensive overview of gynecological surgical and procedural coding, with special attention to coding in office and hospital settings. Participants will stay up to date with the latest coding guidelines and updates, while honing practical skills essential for accurate and efficient documentation. The course features interactive small group question-and-answer sessions, enabling participants to connect with peers, clarify complex coding topics, and apply their knowledge to real-world scenarios. Join us to elevate your coding expertise, advance your practice, and empower your impact on patient care.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Enhance proficiency in surgical coding and the correct use of modifiers to ensure accuracy and compliance in gynecological procedures and strengthen understanding of coding for consults; 2) Develop expertise in in-office procedural coding, stay current with the latest updates in Evaluation and Management (E/M) coding; and 3) Apply documentation strategies to decrease denials and improve reimbursement in a Complex Benign Gynecology Practice through practical application and interactive discussion.

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview *N. Mahnert*
2:05 pm	Surgical coding *N. Mahnert*
2:30 pm	Efficient Documentation for Improved Reimbursement *J. Lauer*
2:55 pm	Office and Procedural Coding *S. Henderson*
3:20 pm	Updates and Advocacy in GYN Coding *J. Hathaway*
3:45 pm	Discussion Questions & Answers
4:00 pm	Adjourn



PG-26007

Lead With Words: Communication Skills, Presentation Techniques and Audience Engagement

2:00 pm – 4:00 pm · Room 310 CME




Chair: *Attilio Di Spiezio Sardo*
Co-Chair: *Afchine Fazel*
Faculty: *Jose A. Carugno, Sergio Haimovich*

Lead with Words: Communication Skills, Presentation Techniques & Audience Engagement is a fast-paced, practical 2-hour course designed for gynecologic surgeons who want to communicate with more clarity and impact–both in clinical encounters and in front of an audience. The course integrates evidence-informed communication frameworks with real-world surgical scenarios, then extends those same skills to the podium: how to structure a message, deliver it with confidence, handle questions, and keep an audience engaged. A distinctive component is the responsible use of AI as a skill accelerator. Participants will learn how to use AI tools to (1) refine patient explanations without adding jargon, (2) prepare difficult conversations (risks, complications, uncertainty, consent), (3) transform complex data into clear narratives, and (4) iterate presentations faster–improving slide logic, transitions, timing, and Q&A preparation. AI will be presented as a coach and rehearsal partner, not a substitute for clinical judgment, empathy, or professional authenticity.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Apply patient-centered communication strategies to facilitate shared decision-making, address patient emotions and expectations, and communicate clinical uncertainty and next steps while maintaining patient trust; 2) Demonstrate effective public speaking and presentation techniques to deliver clear, engaging scientific and clinical presentations, including development of a compelling narrative, effective slide design, audience engagement, and confident management of questions and interruptions; 3) Utilize artificial intelligence tools to develop and refine scientific and clinical presentations, including defining key take-home messages, structuring presentation content, improving slide clarity, and generating speaker notes and transitions; and 4) Apply AI-assisted rehearsal strategies to strengthen presentation delivery by generating practice questions and counter-questions and refining responses for clarity, confidence, and conciseness.

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview *A. Di Spiezio Sardo*
2:05 pm	Academic Presentations: How to Prepare and Deliver to a Scientific Audience *A. Di Spiezio Sardo*
2:30 pm	Patient Communication Under Different Clinical Circumstances *A. Fazel*
2:55 pm	How to Design and Deliver an Idea Worth Sharing *J. Carugno*
3:20 pm	AI Tools to Enhance Any Presentation *S. Haimovich*
3:45 pm	Discussion Questions & Answers
4:00 pm	Adjourn

MED TALKS

Empowering Women's Voices: Surgical Excellence, Digital Transformation, Outcomes-Driven Care, and a Commitment to Awareness, Access, and Autonomy



Fernando Heredia, MD

Saturday, November 14, 2026
4:50 pm – 5:05 pm

MedTalk I:
The New Patients....and the New Doctors



Kelly Wright, MD

Sunday, November 15, 2026
9:45 am – 10:00 am

MedTalk II:
Why Excision Surgery Hurts Women



Gabrielle Whitmore, MD

Sunday, November 15, 2026
4:45 pm – 5:00 pm

MedTalk III:
You Don't Know What You Don't Know: Expanding Awareness to Restore Autonomy and Access



Randa Jalloul, MD, MS

Monday, November 16, 2026
2:00 pm – 2:15 pm

MedTalk IV:
We Measure What We Can—Not What Matters

AAGL FELLOWSHIP

Congrats!

CBGF

CLASS OF 2026

Graduation Ceremony

Friday, November 13, 2026

The Colonnade Hotel
Huntington Ballroom
120 Huntington Avenue
Boston, MA 02116

6:30 pm	**Welcome and Introduction:** Michael Hibner, MD, PhD, AAGL President
6:35 pm	**Foundation of the AAGL Awards:** Joseph L. Hudgens, MD, CBGF President Amy Garcia, MD, FAAGL President
6:40 pm	**Presentation of Certificates to CLASS OF 2026** Joseph L. Hudgens, MD, CBGF President
7:30 pm	**Cocktail Reception**

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AAGL HYSTEROSCOPY COMPETITION



Test Your Hysteroscopic Skills

This competition provides a unique opportunity for surgeons and trainees to refine essential hysteroscopic skills, receive peer recognition, and engage with innovative educational technology. By combining hands-on learning with objective skills assessment, the program supports AAGL's commitment to advancing minimally invasive gynecologic surgery, enhancing surgical performance, and fostering the next generation of hysteroscopic surgeons.

- Hands-on learning
- Objective skills assessment
- Peer recognition

EXHIBIT HALL

Booth 1120

Competition Held During Exhibit Hall Hours:

Saturday, November 14 • 6:00 pm – 8:00 pm
Sunday, November 15 • 8:00 am – 2:00 pm
Monday, November 16 • 8:00 am – 2:00 pm

Supported by Hologic and Inovus Medical

AAGL 26

PG-14000

Uterine Fibroids 360° The Art and Science of Managing the Fibroid Uterus

8:00 am – 10:00 am · Room 302 CME




Chair: *Maria Chiara De Angelis*
Co-Chair: *Brunella Zizolfi*
Faculty: *Jose A. Carugno, Vito Cela, Attilio Di Spiezio Sardo, Michel Zelaquett*

Uterine fibroids remain the most common benign tumors of the female reproductive tract and a leading indication for gynecologic surgery worldwide. Despite the frequency of diagnosis, optimal management remains complex and highly individualized. Advances in minimally invasive surgery, hysteroscopic technology, radiofrequency ablation, uterine-sparing interventions, and robotic platforms have expanded therapeutic options but also increased decision-making complexity.

This postgraduate course provides a comprehensive, evidence-based review of the contemporary management of the fibroid uterus. Emphasis will be placed on patient selection, symptom-driven treatment algorithms, fertility considerations, risk of recurrence, surgical planning, and complication avoidance. Faculty will discuss office-based strategies, hysteroscopic and laparoscopic techniques, myomectomy versus hysterectomy decision-making, energy-based therapies, and emerging technologies. Real-world case discussions and video-based surgical analysis will highlight operative judgment, technical pearls, and strategies to optimize outcomes while minimizing morbidity.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Classify fibroids using current FIGO systems and correlate anatomy with symptomatology and treatment selection; 2) Develop individualized management algorithms based on bleeding profile, pain, fertility goals, and patient preference; 3) Compare surgical and non-surgical treatment modalities, including hysteroscopic resection, laparoscopic/robotic myomectomy, radiofrequency ablation, uterine artery embolization, and hysterectomy; 4) Identify risk factors for recurrence and strategies to reduce repeat intervention; and 5) Apply technical principles to minimize complications such as hemorrhage, adhesion formation, and conversion to laparotomy.

COURSE OUTLINE

8:00 am	Welcome, Introduction and Course Overview *M. De Angelis*
8:05 am	Putting Fibroids into Context: Symptoms, Fertility, and When They Truly Matter *J. Carugno*
8:20 am	Seeing the Map Before the Journey: Advanced Ultrasound and Fibroid Mapping for Personalized Care *B. Zizolfi*
8:35 am	Beyond the Scalpel: Medical Therapy for Fibroids–Evidence, Myths, and Real-World Role *A. Sardo*
8:50 am	Myolysis In Modern Fibroid Care: Innovation, Opportunity, or Emerging Challenge In Fibroid Care? *M. Zelaquett*
9:05 am	Hysteroscopic Management of Uterine Fibroids: Optimizing Outcomes Through Precision Surgery *M. De Angelis*
9:20 am	Minimally Invasive Myomectomy in the Modern Era: Evidence, Innovation, and Laparoscopic–Robotic Strategies *V. Cela*
9:35 am	Open Laparotomy Surgery: Let's Debate *J. Carugno*
9:50 am	Discussion Questions & Answers
10:00 am	Adjourn



PGSIG-845

Ending the Wait for Comprehensive Pelvic Pain Care

8:00 am – 10:00 am · Room 304 CME




Chair: *Janelle Moulder*
Co-Chair: *Ashley Gubbels*
Faculty: *Noor Abu-Alnadi, Adrian Balica*

This course explores the ways in which clinical practice design can enhance the patient care experience and improve timely access to high-quality care. Beginning with the patient intake, we will examine selection of clinical questionnaires to provide both a comprehensive assessment and foster outcomes-driven research, while engaging the patient on their primary concerns. Next, we will evaluate smart health platforms and electronic medical record innovations to reduce barriers to and improve care for patients with chronic pelvic pain. By defining the roles of the physician-surgeon and advanced practice providers, we will analyze how integration of various advanced practitioners into a practice can improve a multidisciplinary approach to pelvic pain care in a surgical practice. Finally, improving access to care for pelvic pain starts with early diagnosis and raising awareness. We will highlight the importance of education and advocacy for patients and within the community, through the development of sustainable partnerships.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Describe how smart health platforms and EMR innovations are reducing barriers to care for patients with chronic pelvic pain; 2) Analyze best practices for longitudinal outcome measures when developing a clinical practice and research program in pelvic pain; and 3) Discuss the development of multidisciplinary and community partnerships to improve patient outcomes by raising awareness through advocacy.

COURSE OUTLINE

8:00 am	Welcome, Introduction and Course Overview *J. Moulder*
8:05 am	The Right Care, the Right Provider: A Collaborative Model for Pelvic Pain *J. Moulder*
8:30 am	Turning Intake Into Insight: Using Questionnaires for Comprehensive Pelvic Pain Care and Research *A. Gubbels*
8:55 am	Reimagining Chronic Pelvic Pain Care in the Digital Age *A. Balica*
9:20 am	No Pain Period: Raising Patient and Provider Awareness Through Advocacy and Education *N. Abu-Alnadi*
9:45 am	Discussion Questions & Answers
10:00 am	Adjourn

PGSIG-849

Differentiating Robotic Platforms for Gynecology

8:00 am – 10:00 am · Room 310 CME




Chair: *Uchenna C. Acholonu Jr.*
Co-Chair: *Maureen Cernadas*
Faculty: *Jin Hee Kim*

The Robotics SIG created this course to serve as an unbiased, descriptive exploration of three robotic systems available for gynecologic surgery.

Learning Objective: *At the end of this course, the participant will be able to:* 1) Compare the similarities and differences between three robotic systems currently in use for gynecologic surgery; 2) Evaluate the advantages and disadvantages of each of the three systems; and 3) Identify factors that may help determine which robotic system might be the best fit for an individual surgical practice.

COURSE OUTLINE

8:00 am	Welcome, Introduction and Course Overview *U. Acholonu*
8:10 am	Da Vinci 5 By Intuitive *J. Kim*
8:40 am	Hugo By Medtronic *M. Cernadas*
9:10 am	Dexter By Distalmotion *U. Acholonu*
9:40 am	Discussion Questions & Answers
10:00 am	Adjourn



PG-14001

Rising Stars

8:00 am – 10:00 am · Room 309 CME



Chair: *Jeffrey J. Woo*
Faculty: *Diana Encalada-Soto, Christine E. Foley, Esther S. Han, Whitney T. Trotter Ross, Youssef Youssef*

This postgraduate course highlights emerging leaders in minimally invasive gynecologic surgery who have demonstrated excellence in clinical care, research, education, global health, and professional leadership. Through a series of focused presentations, faculty will share practical strategies for lifelong surgical skill development, academic advancement, research collaboration, leadership growth, and expanding access to gynecologic surgical training worldwide. Attendees will gain insights to help navigate and accelerate their own professional development within gynecologic surgery.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Evaluate strategies for lifelong surgical skill acquisition, self-assessment, and continuous professional development throughout a career in minimally invasive gynecologic surgery; 2) Identify opportunities to advance academic and professional success through research funding, collaborative networking, global health engagement, and scholarly productivity; and 3) Apply principles of leadership, mentorship, and career development to foster growth as an educator, investigator, and administrative leader within gynecologic surgery.

COURSE OUTLINE

8:00 am	Welcome, Introduction and Course Overview *J. Woo*
8:05 am	Critical Self-Assessment and Life-Long Surgical Skill Acquisition *D. Encalada-Soto*
8:25 am	Training Gynecologic Surgeons in Low- and Middle-Income Countries *E. Han*
8:45 am	Clinicians Engaged in Research-Securing NIH Funding *W. Trotter Ross*
9:05 am	Growth and Success in Administrative Leadership *C. Foley*
9:25 am	Research Collaboration through Professional Networking *Y. Youssef*
9:45 am	Discussion Questions & Answers
10:00 am	Adjourn

PG-14002

Oncology and Adnexal Masses: Risk Stratification, Imaging Algorithms, and Emerging Technologies

8:00 am – 10:00 am · Room 306 CME




Chair:
Alessandra Di Giovanni
Co-Chair: *Jubilee Brown*

Faculty: *Afchine Fazel, Priyanka Jha, Ligita Jokubkiene*

The accurate characterization of adnexal masses remains one of the most challenging and clinically relevant areas of gynecologic imaging. The introduction of standardized ultrasound terminology, validated risk prediction models, and structured reporting systems has significantly improved diagnostic performance and patient triage. This postgraduate course will provide participants with a comprehensive and practical overview of the current approach to adnexal lesion assessment, integrating ultrasound and MRI-based risk stratification tools with evidence-based management pathways.

The course will review the role of O-RADS Ultrasound and O-RADS MRI in lesion characterization, discuss the major achievements and future perspectives of the IOTA group in advancing ultrasound diagnosis of adnexal masses, and explore the emerging contribution of artificial intelligence to clinical decision-making. Particular emphasis will be placed on identifying patients who can be safely managed conservatively, those requiring referral to expert ultrasound centers, and those who should be referred to gynecologic oncology units.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Describe the principles and clinical applications of contemporary imaging-based risk stratification systems for adnexal masses, including O-RADS US, O-RADS MRI, and IOTA models; 2) Apply evidence-based diagnostic and management algorithms to optimize patient triage and determine when referral to gynecologic oncology is indicated; and 3) Evaluate the potential role of artificial intelligence in improving diagnostic accuracy, reproducibility, and clinical workflow in adnexal mass assessment.

COURSE OUTLINE

8:00 am	Welcome, Introduction and Course Overview *A. Di Giovanni*
8:05 am	The IOTA Journey: What We Learned from Ultrasound Evaluation of Adnexal Masses and Future Directions *L. Jokubkiene*
8:30 am	The Roles of O-RADS Ultrasound and O-RADS MRI In the Evaluation of Adnexal Lesions *P. Jha*
8:55 am	Artificial Intelligence in Adnexal Mass Assessment: What Can AI Add to Current Diagnostic Tools? *A. Fazel*
9:20 am	Decision Making: Adnexal Masses and the Risk of Cancer *J. Brown*
9:45 am	Discussion Questions & Answers
10:00 am	Adjourn

PG-14004

The Anatomy of a Complication: Avoiding, Recognition, & Repair

8:00 am – 10:00 am · Room 312 CME



Chair: *Joseph L. Hudgens*
Faculty: *Amanda Ecker, Samar Nahas, Megan Wasson*

This course will focus on one of the greatest challenges in complex pelvic surgery with an emphasis on strategies to avoid complications, recognizing complications when they occur, and repair techniques and including appropriate intra-operative consultation. This course will focus on four types of the most challenging complications that pelvic surgeons face including: Ureteral & Urologic injuries, Bowel injuries, Vascular complications, and prevention and management of thermal injuries.

This course will focus not just on the understanding of how to prevent and why a complication may occur, but also strategies to improve recognition, appropriate intra-operative consultation, repair, as well as follow-up management.

Learning Objectives: *At the completion of this course, the participant should be able to:* 1) Identify appropriate diagnostic tests to identify ureteral and urologic injuries and develop strategies for appropriate consultation and repair; 2) Identify bowel injuries and apply techniques for appropriate repair; and 3) Identify risk factors for vascular and thermal injuries and deploy strategies to mitigate these risk utilizing surgical dissection techniques.

COURSE OUTLINE

8:00 am	Welcome, Introduction and Course Overview *J. Hudgens*
8:05 am	Going With the Flow: Prevention, Recognition, and Repair Strategies for Ureteral and Urologic Injuries *J. Hudgens*
8:30 am	Seeing Red: Strategies for the Prevention and Repair of Vascular Injuries *S. Nahas*
8:55 am	Don't Be Shocked: Understanding Electro-Surgical Dissection Techniques to Mitigate Thermal Injuries *M. Wasson*
9:20 am	Bossing the Bowel: Bowel Injury Prevention, Recognition, and Repair *A. Ecker*
9:45 am	Discussion Questions & Answers
10:00 am	Adjourn

PG-844

Refining Reproductive Healthcare Decisions With Real-Time Ultrasound

8:00 am – 10:00 am · Room 311 CME





Chair: *Mathew Leonardi*
Co-Chair: *Sophia N. Palmer*
Faculty: *Caterina Exacoustos, Yvette S. Groszmann*

Real-time transvaginal ultrasound is no longer a confirmatory test. In contemporary reproductive care it is a decision-making tool that directly shapes diagnosis, counseling, procedural planning, and outcomes. This two-hour SIG post-graduate didactic course provides a structured, evidence-informed approach to using ultrasound findings consistently and confidently in daily clinical practice, spanning early-career fundamentals through advanced interpretive and procedural applications. Each lecture is designed to translate current evidence into practical workflows, with a final audience-centered Q&A panel to consolidate learning and address real-world implementation challenges.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Apply a standardized real-time transvaginal ultrasound scanning protocol (including image optimization and documentation) to obtain diagnostic-quality images and reduce inter-operator variability; 2) Diagnose adenomyosis using accepted ultrasound criteria and integrate the findings into patient counseling and reproductive decision-making, including implications for fertility and outcomes; and 3) Use targeted ultrasound evaluation to guide procedural planning in reproductive care, including hysteroscopic surgery planning and ultrasound-based assessment of tubal status and patency.

COURSE OUTLINE

8:00 am	Welcome, Introduction and Course Overview *M. Leonardi*
8:05 am	Standardized Transvaginal Ultrasound: Stepwise Technique and Practical Knobology *M. Leonardi*
8:30 am	Ultrasound-to-Hysteroscopy: Preoperative Mapping That Improves Surgical Strategy *S. Palmer*
8:55 am	Adenomyosis and Reproduction: Translating Sonographic Findings into Care Pathways *C. Exacoustos*
9:20 am	A Modern Approach to Tubal Factor: Patency Assessment by Ultrasound and How to Use the Results *Y. Groszmann*
9:45 am	Discussion Questions & Answers
10:00 am	Adjourn

PGLAB-880

Suturing in the Vertical Zone

9:15 am – 12:15 pm · Exhibit Hall D2





Chair: *Charles Koh*
Co-Chair: *Grace M. Janik*
Faculty: *Grace Y. Liu, Hannah S. Palin, Mireille D. Truong, Victoria Vargas*

Proficiency in suturing is mandatory for competence in advanced operative laparoscopy. The strength of the "Vertical Zone" algorithm is the applicability to real suturing in the pelvis, where most organs require transverse closure. Ergonomics associated with the "two hands on the same side" for operating reduce physical strain on the operator, while being the most efficient technique for operating and suturing.

The progressive algorithm in the "Vertical Zone" has been taught and tested over many years in national and international courses. The pre-test and post-test results have consistently shown that over 90% of the participants who attend this course achieve tying an intracorporeal knot in less than 3 minutes.

Attendees will learn to apply suturing in cases including TLH vault closure, colposuspension, sacrocolpopexy, Burch, myomectomy, bowel, bladder, ureteral repair in endometriosis surgery and complications.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Explain the ergonomics, theory, and rationale for reproducible laparoscopic suturing; 2) Apply the skills learned relevant to gynecologic surgery, with incremental progression; 3) Apply skills acquired for the management of bowel, bladder, and ureteral complications by appropriate suture repair; and 4) Demonstrate measurable improvement in laparoscopic suturing during the course pre- and post-test.

Commercial Support: *AAGL acknowledges that it has received educational grants and/or in-kind support from the following companies: Johnson & Johnson MedTech, KARL STORZ Endoscopy-America, Inc., and Medtronic.*

PGSIG-851

Bread and Butter of the Endometriosis Surgeon: Technical Mastery in Stage IV Disease

10:15 am – 12:15 pm · Room 312 CME




Chair: *Ted T.M. Lee*
Co-Chair: *Jessica Opoku-Anane*
Faculty: *Cara R. King, Sukhbir S. Singh*

Stage IV endometriosis presents some of the most challenging anatomy in gynecologic surgery, requiring precise dissection, disciplined technique, and deep familiarity with retroperitoneal and posterior compartment anatomy. This advanced surgical course focuses on the essential operative maneuvers–the true "bread and butter" of the endometriosis surgeon–that enable safe and effective management of severe disease. Through four focused, expert-led presentations, participants will review evidence-based techniques for adnexal preservation, pelvic sidewall dissection and parametrial release, excision of retrocervical and rectovaginal disease, and hysterectomy in the frozen pelvis. Emphasis is placed on reproducible dissection planes, ureteral and vascular safety, restoration of pelvic anatomy, and strategies to optimize surgical outcomes in complex cases. This activity is designed for surgeons seeking to strengthen their technical foundation and refine their operative approach to Stage IV endometriosis.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Apply foundational surgical techniques for adnexal preservation and pelvic sidewall management in severe endometriosis, including strategies for ovarian and tubal protection, decision-making around salpingectomy, endometrioma management, and safe retroperitoneal dissection; 2) Perform advanced excisional techniques across deep pelvic compartments–including parametrial, retrocervical, and rectovaginal disease–using reliable anatomic landmarks, rectal mobilization strategies, and nerve-sparing principles to optimize safety and functional outcomes; and 3) Integrate endometriosis excision into hysterectomy for Stage IV disease by employing structured approaches to bladder dissection, parametrial release, ureteral protection, and anatomic restoration in the frozen pelvis.

COURSE OUTLINE

10:15 am	Welcome, Introduction and Course Overview *T. Lee*
10:20 am	Commanding the Lateral Pelvis: Pelvic Sidewall Dissection and Parametrectomy in Dense Fibrosis *T. Lee*
10:45 am	Adnexal Preservation Mastery: Minimizing Damage, Maximizing Function *J. Opoku-Anane*
11:10 am	From Known to Unknown: Safe Entry Into the Pararectal and Rectovaginal Spaces and Excision of Retro-Cervical and Rectovaginal Endometriosis in Stage IV Disease *S. Singh*
11:35 am	Hysterectomy in Severe Endometriosis: Integrating Excision for Optimal Surgical Outcomes *C. King*
12:00 pm	Discussion Questions & Answers
12:15 pm	Adjourn



PGSIG-839

Redefining Office Intrauterine Surgery: Pain Science, Technique and Best-Practice Pearls

10:15 am – 12:15 pm · Room 304 CME




Chair: *Jovana Tavcar*
Co-Chair: *Alka Kumar*
Faculty: *Sergio Haimovich, Erica F. Robinson*

Office-based intrauterine surgery empowers patients with faster access to care, shared decision-making, and reduced barriers to treatment. Yet procedural pain remains the leading reason for patient refusal, aborted procedures, or conversion to the operating room. This course equips gynecologic surgeons with an understanding of innervation and physiology, surgical technique, and practical tools necessary to minimize pain, improve tolerance, and expand access to office-based care. Faculty will integrate anatomy, innervation, fluid dynamics, and evidence-based analgesia with indications and real-world pearls to transform the patient experience and increase the success of in-office intrauterine surgery worldwide.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Apply atraumatic intrauterine surgical techniques including vaginoscopy, scope manipulation, and selection of appropriate instruments; 2) Describe the neuroanatomy and innervation of the cervix and uterus relevant to procedural pain; and 3) Optimize distension pressure and fluid strategies to balance visualization, pain control, and safety. 4) Identify appropriate indications for office intrauterine surgery and evaluate current evidence-based pain control approaches. 5) Counsel patients and build workflows that elevate access, autonomy, and surgical success.

COURSE OUTLINE

10:15 am	Welcome, Introduction and Course Overview *J. Tavcar*
10:20 am	Surgical Technique to Reduce Pain in Office Intrauterine Surgery *J. Tavcar*
10:45 am	Distension Pressure & Fluid Dynamics: Visualization, Safety & Patient Comfort *A. Kumar*
11:10 am	Understanding the Uterus: Landmarks and Innervation of the Cervix & Uterus *S. Haimovich*
11:35 am	Indications, Patient Selection & Evidence-Based Pain Control *E. Robinson*
12:00 pm	Discussion Questions & Answers
12:15 pm	Adjourn

PG-14009

Research Resources: Elevating Gynecologic Science Through Funding and Publication

10:15 am – 12:15 pm · Room 306 CME




Chair: *Lara Harvey*
Co-Chair: *Yana Aznavour*
Faculty: *Mateo Leon, Veronica Lerner*

In this course, instructors will provide a practical overview of key research databases and how to effectively leverage them for high-quality scholarly work in gynecology. Participants will refine essential skills in manuscript development, with a focus on structuring, writing, and navigating the submission process to achieve successful publication within the field of gynecologic research. In addition, the course will offer a foundational understanding of the National Institutes of Health grant process as it relates to gynecology and women's health, including key components of grant applications, review criteria, and strategies for developing competitive proposals. Together, these sessions are designed to equip participants with the core tools needed to advance academic productivity and research success in gynecology.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Identify major databases and registries containing variables pertinent to complex benign gynecology and compare the strengths and limitations of working with these data sources; 2) Apply best practices in scientific writing and utilize techniques to optimize written communication and increase the likelihood of manuscript acceptance; 3) Describe the perspectives of major funding agencies when evaluating research funding decisions; 4) Identify available research funding vehicles from private to federal sources; and 5) Apply strategies to optimize research funding applications in the field of complex benign gynecology.

COURSE OUTLINE

10:15 am	Welcome, Introduction and Course Overview	*L. Harvey*
10:20 am	Inside the Editorial Machine: Tips and Tricks for Authors	*V. Lerner*
10:45 am	Increasing the N: Using Databases to Produce Impactful Research	*L. Harvey*
11:10 am	Endometrics: Funding Translational Research in Gynecology: Lessons from Venture Capital Fundraising and the NIH RADx ACT ENDO Challenge	*Y. Aznavour*
11:35 am	The Importance of Targeted Funding and Inclusivity in Gynecologic Research	*M. Leon*
12:00 pm	Discussion Questions & Answers	
12:15 pm	Adjourn	

PG-14007

Obstructive Mullerian Anomalies Throughout the Lifespan

10:15 am – 12:15 pm · Room 309 CME




Chair: *Jennifer Dietrich*
Co-Chair: *Stephanie M. Cizek*
Faculty: *Dana Elborno, Julia Geynisman-Tan*

This course provides a comprehensive review of Müllerian anomalies, with a particular focus on obstructive anomalies and their surgical management. Using a case-based discussion format, participants will review the embryology of these conditions as well as approaches to management during early puberty, including imaging, diagnostic workup, and treatment of uterine and vaginal obstruction. The course will include discussion of diagnostic strategies such as advanced imaging and examination under anesthesia to achieve accurate diagnosis. Particular attention will be given to distinguishing complex conditions, for example, differentiating OHVIRA (Obstructed Hemivagina and Ipsilateral Renal Anomaly) from unilateral cervicovaginal agenesis or dysgenesis in the setting of a didelphys uterus. We will review surgical management including specific laparoscopic and hysteroscopic resection techniques, as well as vaginoplasty procedures performed with and without grafts. The course will additionally address ethical considerations regarding the timing of reconstructive surgery. This session will be of interest to minimally invasive gynecologic surgery (MIGS) specialists as well as general obstetrician–gynecologists. It will be presented by pediatric gynecology experts from across North America with extensive experience managing these conditions in childhood and facilitating transition to adult care.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Improve recognition and diagnostic accuracy of complex Müllerian anomalies; 2) Review appropriate imaging and evaluation strategies; and 3) Discuss surgical management, including laparoscopic, hysteroscopic, and reconstructive techniques.

COURSE OUTLINE

10:15 am	Welcome, Introduction and Course Overview	*J. Dietrich*
10:20 am	Overview of Mullerian Anomalies, Embryology, ASRM Criteria and Timing of Repair	*D. Elborno and J. Dietrich*
10:45 am	Obstructive Uterine Anomalies, Types and Differences on Imaging/ Workup, Hysteroscopic and Laparoscopic Management	*S. Cizek*
11:10 am	Vaginal Anomalies and Native Tissue Vaginoplasty Techniques	*J. Dietrich*
11:35 am	Vaginal Graft Vaginoplasty Types and Techniques	*J. Geynisman-Tan and D. Elborno*
12:00 pm	Discussion Questions & Answers	
12:15 pm	Adjourn	

PG-14006

Natural Orifice Surgery Masterclass: Vaginal Surgery and vNOTES for the Modern Gynecologic Surgeon

10:15 am – 12:15 pm · Room 310 CME




Chair: *Jan Baekelandt*
Co-Chair: *Supuni Kapurubandara*
Faculty: *Jimmy Nomura, Hsuan Su*

This course will provide a practical and evidence-based overview of the vaginal surgical principles that underpin safe and effective vaginal natural orifice transluminal endoscopic surgery (vNOTES).

The course will begin with essential vaginal anatomy, patient selection, vaginal entry and vaginal hysterectomy principles before progressing to vNOTES-specific operative strategies. Faculty will discuss the current evidence for vNOTES hysterectomy, advanced and emerging indications, prevention and management of complications, and practical approaches to troubleshooting difficult surgical scenarios.

Through focused presentations, operative videos and case-based discussion, participants will develop a structured approach to integrating established vaginal surgical principles with contemporary vNOTES practice.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Describe the vaginal anatomy, surgical entry techniques and vaginal hysterectomy principles that form the foundation of safe vNOTES surgery; 2) Select appropriate patients for vNOTES using clinical, anatomical and procedural considerations, while recognizing relative contraindications and risk factors for operative difficulty; and 3) Apply practical strategies to prevent, recognize and manage complications and troubleshoot challenging vNOTES cases.

COURSE OUTLINE

10:15 am	Welcome, Introduction and Course Overview	*J. Baekelandt*
10:20 am	The Vaginal Route Revisited: Evidence, Technique, Indications and Outcomes	*S. Kapurubandara*
10:40 am	Safe Entry: Vaginal Access Reimagined	*H. Su*
11:00 am	The Difficult Hysterectomy Conquered Through Vaginal and vNOTES Strategies	*J. Baekelandt*
11:20 am	Restoring the Apex Via Vaginal and vNOTES Surgery	*J. Nomura*
11:40 am	When Things Don't Go to Plan: Managing Complications	*All Faculty*
12:00 pm	Discussion Questions & Answers	
12:15 pm	Adjourn	

PG-14008

C-Section Scar Ectopic and Niche Evaluation and Management

10:15 am – 12:15 pm · Room 302 CME




Chair: *Judith Huirne*
Co-Chair: *Ally Murji*
Faculty: *Sven Becker, Lacey C. Brennan, Robert A. de Leeuw*

Cesarean scar niche (isthmocele) and cesarean scar ectopic pregnancy are increasingly encountered in gynecologic and reproductive practice. However, variability remains in their diagnosis, clinical significance, patient counselling, and management. This interactive, case-based course will provide a practical and evidence-based approach to evaluating and managing cesarean scar disorders. Faculty will review standardized diagnosis and imaging, explore management of patients presenting with abnormal uterine bleeding, pain, infertility, or an asymptomatic niche, and discuss considerations prior to embryo transfer and future pregnancy. Through clinical cases and surgical video, participants will learn how to select appropriate candidates for expectant, medical, hysteroscopic, and laparoscopic management and review key surgical techniques for niche repair. The course will conclude with a practical approach to the diagnosis and management of cesarean scar ectopic pregnancy.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Diagnose and characterize cesarean scar niche and pregnancy using standardized clinical and imaging criteria; 2) Develop an individualized, evidence-based management plan for cesarean scar niche based on clinical presentation, niche characteristics, residual myometrial thickness, fertility and pregnancy goals, and patient preferences; and 3) Apply tips and tricks for surgical management of cesarean scar niche and pregnancy.

COURSE OUTLINE

10:15 am	Welcome, Introduction and Course Overview	*J. Huirne and A. Murji*
10:20 am	Overview of Cesarean Scar Niche: Diagnosis and Classification	*R. de Leeuw*
10:35 am	Evidence-Based Management of Cesarean Scar Niche	*J. Huirne*
10:50 am	Predisposing Factors and Prevention Strategies of Cesarean Scar Niche	*S. Becker*
11:05 am	How to Counsel Patients? Interactive Case-Based Discussion and Evidence Review	*R. de Leeuw and A. Murji*
11:20 am	Surgical Tips and Tricks for Niche Repair: Hysteroscopic and Laparoscopic Approaches	*L. Brennan*
11:40 am	Implementation and Standardization of Diagnosis and Treatment of Niche Disorders	*J. Huirne*
11:50 am	Cesarean Scar Ectopic Pregnancy: Diagnosis and Management	*A. Murji*
12:05 pm	Discussion Questions & Answers	
12:15 pm	Adjourn	

PGSIG-846

Advancing Excellence in Fibroid Management Through Patient Empowerment, Evidence Based Care, and Surgical Strategy

10:15 am – 12:15 pm · Room 311 CME




Chair: *Arleen H. Song*
Co-Chair: *Scott G. Chudnoff*
Faculty: *Santiago Artazcoz, Rooma Sinha*

This course endeavors to approach the management of uterine fibroids, with a focus on aligning surgical decision-making with patient priorities, fertility goals to optimize long-term outcomes. Participants will gain insight into preoperative treatment strategies and counseling of all options, intraoperative pitfalls and management, and surgical decision making. By the end of the course, participants will be prepared to make strategic surgical decisions in complex scenarios and improve both surgical and reproductive outcomes through thoughtful, collaborative, patient-centered care.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Develop a framework to counsel patients on fertility sparing options regarding fibroid treatment; 2) Discuss patient centered approach to counseling regarding fibroid management; and 3) Describe strategies to approach complex fibroid surgical situations.

COURSE OUTLINE

10:15 am	Welcome, Introduction and Course Overview	*A. Song*
10:20 am	Fertility Focused Care: Optimizing Reproductive Goals in Patients with Uterine Fibroids	*A. Song*
10:45 am	The Failed Fibroid Operation: What Went Wrong and How to Avoid It	*S. Chudnoff*
11:10 am	Fibroid Surgery: Aligning Surgical Options with Patient Priorities	*R. Sinha*
11:35 am	Shared Decisions, Better Outcomes: Navigating the Gray Zone in Fibroid Surgery	*S. Artazcoz*
12:00 pm	Discussion Questions & Answers	
12:15 pm	Adjourn	

Saturday PG Luncheon

(Ticket Required)

12:15 pm – 2:15 pm • Room 210

PGLAB-881

Suturing for All Skill Levels

1:15 pm – 4:15 pm · Exhibit Hall D2




Chair: *Jin Hee Jeannie Kim*
Co-Chair: *Suketu Mansuria*
Faculty: *Amy Broach, Lydia Garcia, Hye-Chun Hur, Kristin Patzkowsky, Linda Yang*

This course provides a comprehensive and immersive environment to practice the fundamentals of laparoscopic suturing. Learners of all levels from basic to advanced will be able to practice and improve skills in a dry lab setting. The course will be held with direct supervision by expert faculty mentors. The faculty will provide immediate feedback and the one-on-one instructions based on individual preferences for laparoscopic skills such as suturing, intracorporeal and extracorporeal knot tying and continuous suturing. The course will employ the proprietary EMIGS LaparoBowl to help learn suturing skills in a simulated pelvic environment. Varying port configurations will be available to assist learners practicing the ipsilateral, contralateral, and suprapubic approaches. Additional advanced techniques such as laparoscopic baseball stitch and cinch knot will be demonstrated.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Explain how to overcome the obstacles to laparoscopic suturing and knot tying in relation to depth perception and port placement; 2) Demonstrate efficient techniques for laparoscopic tissue re-approximation, suture management, running closures; and 3) Recognize and perform efficient intra-corporeal and extra-corporeal knot tying, the common mistakes encountered, and how to avoid and correct them.

Commercial Support: *AAGL acknowledges that it has received educational grants and/or in-kind support from the following companies: Inovus Medical, Johnson & Johnson MedTech, KARL STORZ Endoscopy-America, Inc., and Medtronic.*

PGLAB-885

Foundations of Laparoscopy in the Robotic Era

1:15 pm – 4:15 pm · Exhibit Hall D4




Co-Chairs: *Kirsten Sasaki, Matthew Siedhoff*

Faculty: *Angela Chaudhari, Joseph L. Hudgens, Traci Ito, Thomas Lang, Fariba Mohtashami, Stacey A. Scheib, Sangeeta Senapati, Karen C. Wang*

This immersive course is designed to help you strengthen essential laparoscopic skills through guided, hands-on practice. You'll perform the same exercises in both 3D and 2D environments so you can better understand how visualization affects technique, efficiency, and decision-making. Whether you are refining core laparoscopic fundamentals or looking to maintain strong non-robotic skills, this course offers practical strategies you can apply immediately in the OR. Expect small-group learning, active role rotation, expert coaching, and immediate feedback throughout the session.

A unique feature of this course is the opportunity to practice the same task in both 3D and 2D settings, helping you recognize what changes, what stays constant, and how to adapt safely and effectively. With only six learners per group, every participant stays actively engaged as operator, assistant, and observer/coach. Participants are assigned to small learning groups and rotate through paired 3D and 2D simulation stations. At each station, you'll complete structured exercises while rotating through different roles, allowing you to practice technical skills, observe others, and learn through guided feedback.

The course is organized around three practical themes: (1) port placement, triangulation, and camera control; (2) exposure, retraction, and operative judgment; and (3) suturing and fine motor skill transfer. By practicing each theme in both 3D and 2D settings, you'll build adaptability, improve efficiency, and strengthen safe operative decision-making.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Demonstrate the ability to translate skills between 3D and 2D environments; 2) Demonstrate control of key laparoscopic maneuvers and identify unsafe conditions; and 3) Develop a practical plan for continued skills development.



PGLAB-886

The Physician's Guide to Advanced Artificial Intelligence: From Prompting to Practice

1:15 pm – 4:15 pm · Room 208



Chair: *Sergio Haimovich* CANCELED

This course explores the practical and professional applications of Artificial Intelligence (AI) in academic medicine and daily clinical workflows. Designed specifically for physicians, surgeons, and medical educators, the program shifts the paradigm of AI from a simple search engine to a highly controlled, probabilistic tool.

As the medical field rapidly evolves, uncontrolled AI can produce "beautiful, confident, wrong answers," making this training crucial for clinical accuracy and patient safety.

Participants will learn the science of "Prompt Engineering," moving beyond basic interactions to programing AI systems using a structured 6-layer framework.

Throughout the course, learners will gain hands-on experience utilizing cutting-edge AI tools for text synthesis, literature review, automated workflows, and multimodal content creation, including images and video.

By the end of the course, participants will be able to transform AI into a "disciplined PhD-level assistant," accelerating their research analysis and elevating their academic presentations while maintaining rigorous scientific oversight.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Describe the foundational mechanisms of AI prompt engineering as a programming interface for probabilistic systems and design professional, 6-layer prompts that explicitly define role, objective, context, rules, format, and evaluation criteria; 2) Apply temperature controls and chain-of-thought instructions to minimize AI hallucinations and prevent logical errors in medical contexts, and critically analyze AI-generated outputs for clinical accuracy, ensuring the physician remains the ultimate authority on patient safety and guidelines; 3) Integrate major Large Language Models (LLMs) and specialized research tools (e.g., ChatGPT, Gemini, Perplexity, Consensus) into literature review workflows and implement AI-driven platforms (like Gamma and NotebookLM) to structure and design clear, high-impact academic presentations; 4) Evaluate and select appropriate multimodal AI applications (text-to-image, text-to-video) to create compelling visual metaphors for medical education; and 5) Design automated daily routines to efficiently track newly published medical literature across targeted specialty journals.

PGLAB-883

Advancing Office and Operative Hysteroscopy: Building Proficiency Through Hands-On Simulation

1:15 pm – 2:45 pm · Exhibit Hall D3





Chair: *Stephanie N. Morris*
Co-Chair: *Jovana Tavcar*
Faculty: *Shahrzad Ansari, Ursula Catena, Mario Franchini, Ricardo B. Lasmar*

Hysteroscopy remains the gold standard for evaluation and treatment of intrauterine pathology. As office-based and ambulatory hysteroscopic procedures continue to expand, gynecologic surgeons must develop a strong foundation in equipment setup, fluid management, instrumentation, and operative techniques to safely and efficiently manage patients.

This hands-on postgraduate course is designed to provide participants with practical experience in fundamental principles of diagnostic and operative hysteroscopy. Through expert-led simulation stations, participants will learn hysteroscopic setup, cavity access, fluid management, office hysteroscopy, tissue removal systems, and resectoscopic techniques. Short case-based discussions at each station will reinforce clinical decision-making and troubleshooting strategies that can be immediately implemented in practice.

Learning Objectives: *Upon completion of this course, participants will be able to:* 1) Optimize appropriate setup and performance of office and operative hysteroscopy; 2) Apply principles of safe fluid management and recognize strategies to prevent hysteroscopic complications; 3) Utilize hysteroscopic tissue removal systems for management of intracavitary pathology; 4) Incorporate resectoscopic techniques for treatment of intrauterine lesions; and 5) Integrate contemporary hysteroscopic technologies and surgical techniques into office and ambulatory surgical practice to improve efficiency and patient safety.

Course Design

Participants will be divided into five groups; each group will rotate through five simulation stations, for 18 minutes each for a total of 90 minutes. Every station will include:

- 3 min focused didactic review and clinical case discussion
- 15-minute hands-on simulation experience

Commercial Support: *AAGL acknowledges that it has received educational grants and/or in-kind support from the following companies: Axora Medical, Hologic, Inc., Inovus Medical, KARL STORZ Endoscopy-America, Inc., Meditrina, Medtronic, Olympus Corporation of the Americas, Richard Wolf Medical Instruments Corporation.*



PG-888

The Robotic Surgical Frontier: Advancing Efficiency, Innovation, and Governance in MIGS

2:15 pm – 4:15 pm · Room 207



Chair: *Gaby N. Moawad*
Faculty: *Xiaoming Guan, Kathy Huang, Martin Martino*

As the landscape of Minimally Invasive Gynecologic Surgery shifts toward increasingly complex robotic integration, surgeons and program leaders must master more than just technique, they must master the "Connected OR." This course provides a high-level strategic and clinical roadmap for the next generation of robotic surgical practice. Bringing together expert faculty, the curriculum explores the convergence of cutting-edge hardware, data-driven governance, and emerging digital technologies.

This educational program is designed to empower gynecologic surgeons, program directors, and fellows to navigate the rapid evolution of robotic technology. Utilizing a masterclass approach, this course balances technical surgical innovation with the administrative realities of running a top-tier robotic program. Attendees will engage with faculty in both a didactic session and an interactive rapid-fire panel, fostering a collaborative environment for peer-to-peer expertise exchange. Whether focusing on complex reconstruction or institutional program management, this course equips participants with the actionable intelligence required to elevate their practice and redefine the standards of the modern robotic operating room.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Utilize 5th-generation da Vinci technology and optimized workflows to improve OR throughput; 2) Implement robust governance frameworks to ensure sustainable volume and surgical safety; 3) Explore the versatility of the SP platform and the integration of robotic assistance in vNOTES (vaginal natural orifice transluminal endoscopic surgery); and 4) Leverage AI-augmented surgical tools and advanced telementoring/ teleproctoring capabilities to bridge training gaps and accelerate credentialing.

COURSE OUTLINE

2:15 pm	Welcome, Introduction and Course Overview	*G. Moawad*
2:18 pm	Mastering the 5th Generation: Maximizing Efficiency in the Modern Robotic Suite	*M. Martino*
2:30 pm	The Architecture of Excellence: Building a Sustainable & Profitable Robotic Program	*K. Huang*
2:42 pm	The SP Platform: Redefining Value in Gynecologic Surgical Access	*X. Guan*
2:54 pm	Expanding the Surgical Horizon: Scaling Skills from Benign Hysterectomy to Complex Robotics	*G. Moawad*
3:06 pm	Industry Tech Spotlight	*G. Moawad*
3:14 pm	The Connected OR: Telementoring & Teleproctoring With Live Demo	*M. Martino*
3:26 pm	Guardrails of Innovation: Governance, Safety, & Tech Integration	*K. Huang*
3:38 pm	Natural Orifice Evolution: Robotics in vNOTES	*X. Guan*
3:50 pm	The Algorithmic Surgeon: AI Applications in Robotic ORs	*G. Moawad*
4:02 pm	Grand Panel Discussion: Future-Proofing Your Practice	*All Faculty*
4:15 pm	Adjourn	



PGSIG-821

Evaluation of Complex Pelvic Anatomy in Children and Teens - What is in Our Toolbox?

2:15 pm – 4:15 pm · Room 306 CME





Chairs: *Lissa X. Yu, Kate McCracken*
Faculty: *Krista Childress, Rachel J. Miller*

This course will focus attention on the types of evaluation that can be used to best understand the gynecologic anatomy in pediatric and adolescent patients, reviewing what is normal in a prepubertal patient and exploring the anatomic differences that may be definable at birth versus those that cannot be definitively assessed until puberty. We will discuss awake office examination techniques, as well as examination under anesthesia and use of vaginoscopy, opportunistic chromopertubation and laparoscopy. Faculty will review risks and benefits for imaging options such as transabdominal pelvic ultrasound and MRI protocols to optimize diagnostic results. We will use case-based discussion to frame the application of these techniques to specific patient care examples. Lastly, we will discuss cutting edge innovations with technology, engineering, and multidisciplinary collaboration including 3D printing and tissue engineering to explore options for future development of diagnostic techniques in pediatric and adolescent gynecology.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Evaluate a pediatric and adolescent patient for a gynecologic concern in the office and determine whether an exam under anesthesia or vaginoscopy is needed; 2) Evaluate and optimize the use of imaging modalities in the pediatric and adolescent patient; and 3) Identify new and emerging technologies that may assist in diagnosis and management of pediatric and adolescent patients with complex gynecologic anatomy.

COURSE OUTLINE

2:15 pm	Welcome, Introduction and Course Overview	*L. Yu*
2:20 pm	Overview of Gyn Anomalies (ASRM) and Pediatric Examination	*R. Miller*
2:45 pm	Diagnostic Imaging Techniques in Combined Cases (Pelvic ultrasound, MRI, IR, cloacagram, vaginoscopy, laparoscopy)	*K. McCracken*
3:10 pm	Case Based Evaluation of Integration of Imaging and Examination	*K. Childress*
3:35 pm	Future Directions: Innovation, Collaboration, and Simulation	*L. Yu*
4:00 pm	Discussion Questions & Answers	
4:15 pm	Adjourn	

PG-14005

Endometrioma Unveiled

2:15 pm – 4:15 pm · Room 304 CME




Chair: *Joseph Nassif*
Co-Chair: *Ceana H. Nezhat*
Faculty: *Adrien Crestani, Ichnandy A. Rachman*

This two-hour course reviews evidence-based medicine in clinical presentation, pathophysiology, treatment of endometriomas and provides an update on the most recent recommendations for ovarian endometrioma management.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Describe the pathophysiology of endometrioma; 2) Design patient-specific treatment plans for endometrioma management; and 3) Formulate strategies for fertility preservation in patients with endometriomas.

COURSE OUTLINE

2:15 pm	Welcome, Introduction and Course Overview	*J. Nassif*
2:20 pm	Endometrioma: Old Chocolate in New Wrapping	*J. Nassif*
2:45 pm	Pathophysiology and Clinical Implications	*C. Nezhat*
3:10 pm	Surgical Strategies for Endometriomas	*A. Crestani*
3:35 pm	Fertility and Endometrioma	*I. Rachman*
4:00 pm	Discussion Questions & Answers	
4:15 pm	Adjourn	

PG-26101

Pelvic Pain and Minimally Invasive Gynecologic Surgery: Diagnosis and Management – In Affiliation with the Polish Society of Minimally Invasive Gynecologists

2:15 pm – 4:15 pm · Room 312 CME




Chair: *Artur Ludwin*
Co-Chair: *Michael Hibner*
Faculty: *Iwona Gabriel, Joanna Jacko, Dominika Jasińska-Stasiaczek, Piotr Marianowski, Radovan Pilka, Łucja Zaborowska*

This course provides a comprehensive and practical overview of pelvic pain in gynecology, one of the most complex and challenging clinical problems in women's health. Participants will explore the multifactorial causes of acute and chronic pelvic pain, including gynecologic, urologic, gastrointestinal, musculoskeletal, and neuropathic conditions, with a special focus on endometriosis, pelvic floor dysfunction, and postoperative pain syndromes. The course will review current diagnostic tools, including clinical assessment, imaging modalities, minimally invasive techniques, and the role of multidisciplinary evaluation. Evidence-based medical, surgical, and interventional treatment options will be discussed, highlighting indications, outcomes, and limitations of each approach. Special attention will be given to clinical dilemmas, such as pain without clear pathology, recurrent or persistent pain after surgery, and balancing symptom relief with fertility preservation and quality of life. Through case-based discussions, participants will gain practical strategies to optimize diagnosis, personalize treatment plans, and improve patient-centered outcomes in women suffering from pelvic pain.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Recognize the diverse and multifactorial causes of pelvic pain in gynecology and apply appropriate diagnostic tools for accurate evaluation; 2) Select evidence-based medical and surgical treatment strategies and make informed decisions in complex or ambiguous clinical cases and 3) Support patient-centered care through multidisciplinary collaboration, balancing symptom relief, fertility considerations, and quality of life.

COURSE OUTLINE

2:15 pm	Welcome, Introduction and Course Overview	*M. Hibner*
2:20 pm	Complex and Obstructive Müllerian Anomalies: Surgical Challenges	*A. Ludwin*
2:35 pm	Ovarian Endometriomas and Uterine Fibroids In Women Seeking Fertility: When and How to Operate?	*P. Marianowski*
2:50 pm	Uterine Niche: Hysteroscopic, Laparoscopic and Robotic-Assisted Approaches	*L. Zaborowska*
3:05 pm	Pain Management During Office Hysteroscopy	*D. Jasińska-Stasiaczek*
3:20 pm	Patient-Centered Perioperative Pain Management In Hysterectomy	*I. Gabriel*
3:35 pm	From Complexity to Precision: Robotic Repair of Urogenital Fistulas	*R. Pilka*
3:50 pm	Deep Endometriosis: Mapping and Management	*J. Jacko*
4:05 pm	Closing Remarks	*A. Ludwin*
4:15 pm	Adjourn	



PG-26285

From Resident to CBG Surgeon: What You Need to Know

2:15 pm – 4:15 pm · Room 309 CME




Chair: *Liron Bar-El*
Co-Chair:
Gabrielle T. Whitmore
Faculty: *Annie Apple, Ogechukwu Ezike, Christine E. Foley, Raanan Meyer, Gretchen Makai*

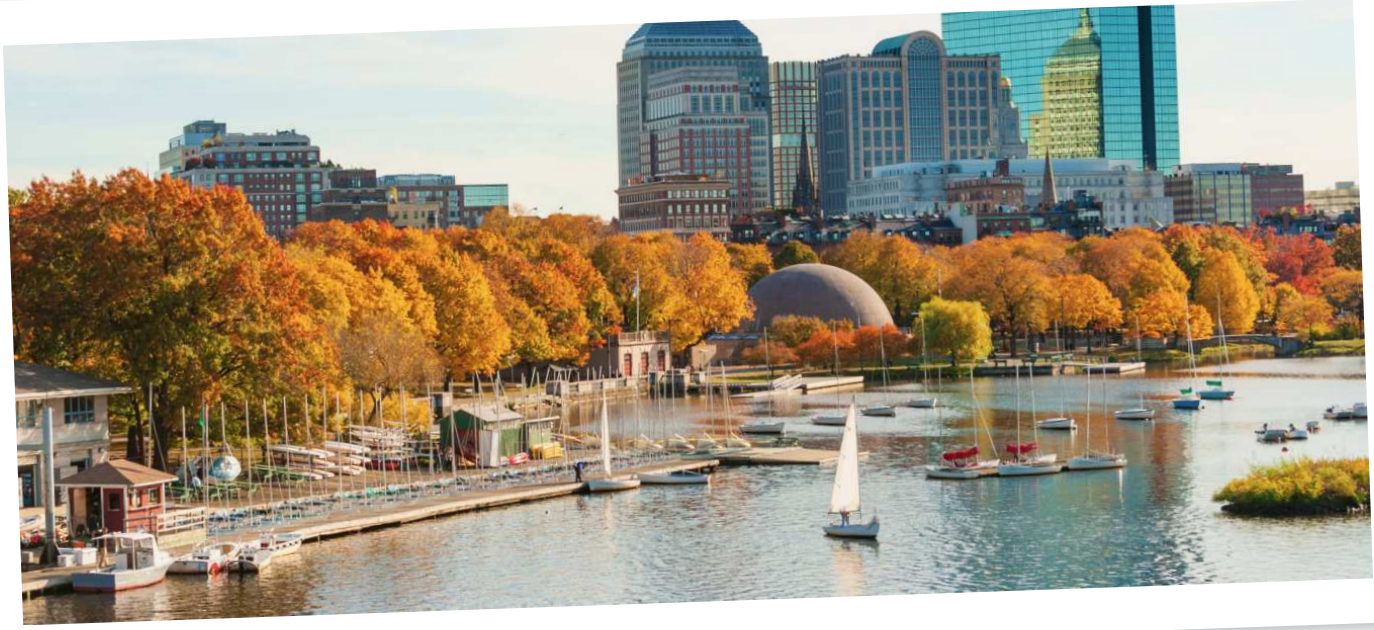
Choosing a career pathway in Complex Benign Gynecology (CBG) and navigating the training and professional development opportunities can be challenging, particularly for physicians and trainees without access to CBG-trained mentors at their institution. Limited exposure to the day-to-day practice of CBG, along with variability across fellowship programs and practice models, often creates uncertainty regarding training pathways and career opportunities.

This interactive town hall is designed to provide physicians, residents, medical students, and interested participants with a practical understanding of the field, the value of AAGL fellowship training, and the diverse career opportunities available in CBG. Through didactic presentations, panel discussions, and small-group mentoring, participants will gain insight into fellowship training, career development, professional development and the application process. The course will also provide individualized guidance on career and professional development, strengthening fellowship applications, evaluating programs, and maximizing educational and networking opportunities at the AAGL Annual Global Congress.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Compare CBG sub specialization with other career pathways; 2) Describe the clinical, surgical, and academic skills, including surgical education and research, uniquely acquired during CBG fellowship; and 3) Differentiate fellowship programs based on structure, surgical exposure, research opportunities, and career alignment.

COURSE OUTLINE

2:15 pm	Welcome, Introduction and Course Overview *L. Bar-El and G. Whitmore*
2:20 pm	Didactic Overview: An overview of Complex Benign Gynecology (CBG), including the scope of fellowship training, advanced clinical and surgical skills, and the evolving role of the CBG surgeon. The session will also discuss career options in academic and private practice, including practice structure, compensation, research opportunities, lifestyle, and work-life integration. *All Faculty*
2:50 pm	Interactive Panel Discussion: A moderated discussion featuring CBG surgeons representing diverse career stages and practice models, including early-career faculty, established leaders, and division directors. Panelists will share their fellowship experiences, career paths, professional development, and perspectives on building a successful career in CBG. Current fellows from both two- and three-year fellowship programs will provide firsthand insights into fellowship training, professional development, the application process, and different career pathways following training. *All Faculty*
3:35 pm	Faculty-Led Small-Group Mentoring Workshops: Participants will engage in faculty-led mentoring sessions focused on professional development, career planning, practice and training pathways, CV review, application strategy, program selection, networking, career planning, and maximizing opportunities at the AAGL Annual Global Congress. Participants without an established mentor will be paired with a faculty sponsor to facilitate introductions, provide individualized guidance, and foster meaningful professional relationships throughout the meeting. *All Faculty*
4:05 pm	Discussion Questions & Answers
4:15 pm	Adjourn



PGSIG-857

Urogynecology Call 101: Surviving–and Succeeding–on Urogyn Call

2:15 pm – 4:15 pm · Room 311 CME




Chair: *Katherine Woodburn*
Co-Chair: *Katie Propst*
Faculty: *Shirley Dong, Andrew Sokol*

Urogynecology Call 101 is a practical, case-based postgraduate course designed for early-career gynecologic surgeons who are cross-covering urogynecology calls or managing urogynecology-related urgent and emergency presentations. As minimally invasive gynecologic surgeons increasingly provide shared or backup call coverage, confidence in recognizing, triaging, and safely managing common urogynecologic issues is essential for patient safety and outcomes-driven care. This course will focus on what matters on call, not comprehensive subspecialty training. Through real-world scenarios, participants will learn how to evaluate common postoperative concerns, urinary retention and obstruction, mesh- and sling-related complaints, pelvic pain and bleeding, and other high-anxiety presentations encountered in the emergency department or after hours. Emphasis will be placed on initial assessment, red-flag recognition, appropriate workup, and knowing when to observe, intervene, or escalate care.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Identify concerning postoperative symptoms and red-flag findings following stress urinary incontinence procedures that require urgent evaluation, management or escalation of care; 2) Differentiate expected postoperative findings from complications following vaginal and laparoscopic prolapse repairs when managing after-hours presentations; and 3) Manage common office-based urogynecology call issues, including post-onabotulinumtoxinA urinary retention, pessary-related concerns, medication management, etc.

COURSE OUTLINE

2:15 pm	Welcome, Introduction and Course Overview	*K. Woodburn*
2:20 pm	Problems from the URPS Office	*K. Woodburn*
2:45 pm	Stress Incontinence Surgery Complications	*K. Propst*
3:10 pm	Laparoscopic Prolapse Repair Complications	*S. Dong*
3:35 pm	Vaginal Surgery Complications: What a Pain!	*A. Sokol*
4:00 pm	Discussion Questions & Answers	
4:15 pm	Adjourn	

PGSIG-838

Management of Unexpected Gynecological Pathology. What's Next?

2:15 pm – 4:15 pm · Room 310 CME




Chair: *Masoud Azodi*
Co-Chair: *Farr Nezhat*
Faculty: *Vaagn Andikyan, Jenna Marcus*

Will discuss management of unexpected low-grade pathology that will be encountered during surgery, i.e., Adenosarcoma, endometrial stromal sarcoma, borderline ovarian tumor, and leiomyosarcoma.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Apply evidence-based strategies for the management of low-grade uterine sarcomas: Endometrial stromal sarcoma, Adenosarcoma; 2) Apply evidence-based strategies for the management of unexpected borderline ovarian tumors during surgery; and 3) Develop strategies for the management of unexpected leiomyosarcoma during surgery.

COURSE OUTLINE

2:15 pm	Welcome, Introduction and Course Overview	*M. Azodi*
2:20 pm	Management of Uterine Leiomyosarcoma	*F. Nezhat*
2:40 pm	Management of Adenosarcoma of Endometrium	*J. Marcus*
3:00 pm	Management of Borderline Ovarian Tumor	*V. Andikyan*
3:20 pm	Cancer Arising From Endometriosis and its Clinical Implications	*F. Nezhat*
3:40 pm	Discussion Questions & Answers	
4:15 pm	Adjourn	

PG-14003

Structured Management of Chronic Pelvic Pain and Its Mitigation

2:15 pm – 4:15 pm · Room 302 CME




Chair: *Frank Tu*
Co-Chair: *Sawsan As-Sanie*
Faculty: *Ashley Gubbels, Georgine Lamvu*

This course brings diverse perspectives from a panel of expert clinicians to achieve the goal of reducing the burden of chronic pelvic pain. We will focus on three areas of contemporary emphasis in covering state of the art management strategies: a) the underlying neurobiology of central sensitization shared across chronic overlapping pain conditions as a core mechanistic concept in treating CPP conditions that do not respond durably to conventional use of NSAIDs, hormonal suppression, or gynecological surgery; b) identification of regional/peripheral nerve dysregulation and when to consider targeted therapy; and c) novel opportunities emerging to reverse or potentially prevent the onset of CPP. Drawing on existing published literature and clinical perspectives, the panel will cover a blend of both procedural and non-procedural approaches to provide a comprehensive care philosophy.

Learning Objectives: *After attending this session, the participant will be able to:* 1) Align evidence-based approaches to the history and physical exam in CPP alongside a globally endorsed classification framework (RU MOVVING SOME) for characterizing candidate mechanisms and modulators of chronic pain emergence and persistence; 2) Identify features suggestive peripheral nerve involvement in CPP and how to provide targeted treatment of such disorders in both the clinic and operating room; and 3) Recognize candidate high-profile targets for prevention of CPP following pelvic surgery or persistent episodic pelvic pain.

COURSE OUTLINE

2:15 pm	Welcome, Introduction and Course Overview	*F. Tu*
2:20 pm	Efficient, Evidence Based History and Physical Exam Approach to Non-Endometriosis CPP	*S. As-Sanie*
2:45 pm	Neuropathic Pain - Evaluation and Management	*A. Gubbels*
3:10 pm	Real World Application of a CPP Classification System RU Movving Some – to Improve Clinician-Patient Communication, Validate Patient Experiences, and Enhance Both Clinical Care and Research Efforts	*G. Lamvu*
3:35 pm	Concepts Emerging to Prevent Development of CPP	*F. Tu*
3:10 pm	Discussion Questions & Answers	
4:15 pm	Adjourn	

General Session I

Saturday, November 14, 2026 | 4:30 pm – 5:45 pm | Ballroom ABC CME

4:30 pm Opening Ceremony

4:40 pm FAAGL Noteworthy Awards
Amy Garcia, MD

4:50 pm MedTalk I
Fernando Heredia, MD

5:05 pm Honorary Chair Award
Charles Koh, MD

4:30 pm Opening Ceremony

Welcome and Introduction of AAGL Board of Directors
Michael Hibner, MD, PhD
President

Introduction of Dignitaries
Linda D. Bradley, MD
Medical Director

Introduction of Scientific Program Committee
Nash S. Moawad, MD, MS
Scientific Program Chair

SurgeryU 25th Anniversary
Assia Stepanian, MD
Founder of SurgeryU

4:40 pm FAAGL Noteworthy Awards

Amy Garcia, MD, FAAGL President

Barbara S. Levy AchieveHER Award
Xun "Julie" Lian, MD

Javier F. Magrina Excellence in Robotics Award
Xiaoming Guan, MD, PhD

John F. Steege Mentorship Award
Vincent R. Lucente, MD, MBA

4:50 pm MedTalk I: The New Patients....and the New Doctors



Fernando Heredia, MD

This MedTalk dives into a clinical reality many of us are facing–one that's changing how care is requested, offered, and delivered. We're meeting "new patients": women empowered by unprecedented access to information–much of it shaped by social media. That empowerment can be powerful. But it can also be risky when misinformation (or deliberate deception) turns a smartphone into a shortcut to diagnoses, treatments, and even surgeries that were never truly needed. And we're also becoming "new doctors": clinicians navigating a landscape where visibility can be mistaken for expertise. Where a few successful cases can be amplified into authority. Where marketing, paid "certifications," and online popularity can distort what excellence really looks like. And where we increasingly inherit complex cases–patients previously operated on by pseudo-experts, with predictable technical challenges and poorer outcomes. In this MedTalk, I explore how we can stay grounded between both extremes of the doctor–patient paradigm–protecting trust, prioritizing evidence, and keeping medicine human in an age of algorithms.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Understand the emerging clinical landscape both for patients and physicians: Describe how social-media–driven information is changing how patients request, interpret, and decide on care–highlighting the risks of misinformation, manipulation, and unnecessary treatments; 2) Examine the impact on physicians and care quality: Analyze how "visibility-based medicine" (branding, paid marketing, pseudo-certifications, popularity) can be mistaken for expertise, shaping expectations and contributing to complex referrals and poorer outcomes after suboptimal procedures; and 3) Build a practical framework to stay grounded: Provide principles and actionable strategies to balance empowerment with evidence–strengthening shared decision-making, protecting trust, and keeping care ethical and human in the age of algorithms.



5:15 pm
Presidential Address
Michael Hibner, MD, PhD

5:35 pm
Induction of the 2027 President
Nash Moawad, MD, MS

5:45 pm
Adjourn

5:05 pm Honorary Chair Award



Charles H. Koh, MD
Honorary Chair

Dr. Charles Koh is specialty-boarded in Obstetrics and Gynecology in Singapore, the United Kingdom, and the United States. He practiced in the United States from 1977 to 2017 and served as Co-Director of the Milwaukee Institute for Minimally Invasive Surgery from 1987 to 2017. Throughout his distinguished career, Dr. Koh has contributed to numerous innovations that have advanced laparoscopic surgery across multiple surgical specialties.

Since retiring from surgical practice in the United States, Dr. Koh has continued to perform surgery internationally, with a particular focus on severe endometriosis, a field in which he is recognized as a pioneer. His groundbreaking achievements include performing the world's first laparoscopic microsurgical tubal anastomosis and inventing the KOH Ultramicro instruments and KOH macroneedle holder, which are used across multiple specialties in laparoscopic surgery.

Dr. Koh also pioneered a specialized technique and instrumentation for laparoscopic hysterectomy known as the Koh System for Total Laparoscopic Hysterectomy, incorporating the Koh Colpotomizer, which is used worldwide. In addition, he developed the technique of laparoscopic suturing in the vertical zone and has trained more than 5,000 surgeons internationally. His teaching legacy continues through the surgeons he has mentored, who carry his techniques forward to the next generation of surgical practitioners.

Dr. Koh's numerous honors include serving as President of the Society of Laparoendoscopic Surgeons in 2011 and receiving the Distinguished Surgeon Award from the American Society for Reproductive Medicine in 2012. In recognition of his international leadership and contributions to laparoscopic surgery, he was invited to deliver the prestigious Sir Alec Turnbull Lecture in Cardiff, Wales, in 2012, presented by the British Society for Gynaecological Endoscopy as an annual honor recognizing leaders in laparoscopic surgery worldwide.

5:15 pm | Franklin D. Loffer Presidential Address
Be a Honey Badger



Michael Hibner, MD, PhD
President

Dr. Michael Hibner, a native of Poland, earned his MD from the Medical University of Warsaw in 1992 and his PhD in Biomedical Engineering from the same institution in 2000. He began his residency in Obstetrics and Gynecology at Cook County Hospital in Chicago in 1994. In 2000, he relocated to Arizona to pursue a fellowship in Advanced Gynecologic Surgery at Mayo Clinic Scottsdale, where he trained under Dr. Javier Magrina, a renowned gynecologic surgeon and former AAGL President. This training evolved into the subspecialty of Female Pelvic Medicine and Reconstructive Surgery and sparked his enduring focus on pelvic pain.

In 2005, Dr. Hibner traveled to France to study the management and surgical treatment of pudendal neuralgia under Professor Roger Robert, a pioneer in the field. Since then, he has become one of the most internationally recognized experts in pudendal neuralgia, attracting patients from around the world seeking specialized care.

Following his fellowship, Dr. Hibner joined Maricopa County Hospital in Phoenix before moving to St. Joseph's Hospital and Medical Center, where he established the Division of Pelvic Surgery and Pain and later served as Chief of Gynecology. Throughout his career, he has remained dedicated to medical education, teaching obstetrics and gynecology residents and medical students from the University of Arizona College of Medicine. In 2011, he was promoted to Professor of Obstetrics and Gynecology at Creighton University School of Medicine.

Dr. Hibner has been actively involved with the AAGL for more than 25 years, serving the organization in numerous leadership and volunteer roles. In 2006, he established an AAGL-accredited fellowship in Minimally Invasive Gynecologic Surgery, through which he has trained 14 fellows. He is also a founding member of the AAGL Pelvic Pain Special Interest Group, having served as both Vice-Chair and Chair before joining the AAGL Board of Trustees. In addition to his contributions to the AAGL, he has served on the board of the International Pelvic Pain Society.

A prolific author and researcher, Dr. Hibner has published extensively on neuropathic pelvic pain. His textbook, Management of Chronic Pelvic Pain: A Practical Manual, was published by Cambridge University Press in 2021. In 2020, he established his private practice, the Arizona Center for Chronic Pelvic Pain, further advancing his commitment to specialized care for patients with complex pelvic pain conditions.

Dr. Hibner currently serves as President of the AAGL, bringing to the role decades of clinical expertise, academic leadership, surgical innovation, and dedication to advancing minimally invasive gynecologic surgery worldwide.

5:35 pm Induction of the 2027 President, Nash S. Moawad, MD, MS

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Donate to the FAAGL and join the Wellness Step Challenge. Each day of Congress, one random winner will be chosen to receive AAGL branded gear.

Wellness Activities

Support your fitness needs through a virtual yoga session or join us for a walk/run on the streets of Boston. Sign up at the Registration Desk.

Group Name: #AAGL26Wellness

Foundation of the AAGL Signature Awards

The Foundation of the AAGL Signature Awards recognizes the highest-scoring abstracts as determined through the AAGL Award Committee's meticulous grading process. Thank you to our generous donors and industry partners who support these awards.



Jay M. Cooper Award

Best Abstract on MIGS by a Graduated CBGF Fellow Within Five Years of Graduation

Presented in: Oral Session 05, Monday, November 16, 2026, 10:30 am, Room 306

Are Patients with Endometriosis at an Increased Risk for Gynecologic Malignancy?

Siddhi Mathur, MD
Rinku Sutradhar, PhD
Nancy Baxter, MD, PhD
Ning Liu
Naheemot Olaoluwa Sule
Olga Bougie, MD, MPH, FRCSC
Genevieve Bouchard-Fortier
Andrea Simpson, MD, MSc, FRCSC

University of Toronto, Toronto, ON, Canada
Saint-Michael's Hospital, Toronto, ON, Canada
University of Sydney, Sydney, Australia
Institute for Clinical Evaluative Sciences, Toronto, ON, Canada
University Health Network, Toronto, ON, Canada

Award Committee
Chair: João Epprecht
Kristina Bajzak, Phillip Connell, Dmitry Fridman, Peter Rosenblatt



Jerome J. Hoffman Award

Best Abstract on MIGS by a Physician in Training

Presented in: Video Session 10, Monday, November 16, 2026, 3:30 pm, Room 310

Resection of Obstructed Uterine Septum in Atypical Robert's Uterus

Katherine Byrket, MD
Daniel DaJusta, MD
Yueyang Fei, MD

Nationwide Children's Hospital, Columbus, OH, USA

Award Committee
Chair: Pere Barri
Hosam Hanna, Sami Kilic, Roy Mashiach, Christina Ramirez





Jordan M. Phillips Award

Best Research Abstract on MIGS

Presented in: Video Session 08, Monday, November 16, 2026, 11:35 am, Room 306

Evaluation of the Claria System for Transvaginal Tissue Extraction During Hysterectomy: A Clinical Usability Study for FDA Authorization

José Garza Leal, MD
Lorena Castillo, MD
Omar A. Hernandez-Barboza, MD
Eugenio Aguayo, MD

Medical Specialties and Outpatient Surgery Center, University of Nuevo León, Monterrey, NL, Mexico

Award Committee
Chair: Adrian Balica
Julian Gingold, Elizabeth Pritts, Mallory Stuparich, Denise Walinsky



Golden Hysteroscope Award

Best Abstract on Hysteroscopy
Supported by Olympus America Inc.

Presented in: Video Session 07, Monday, November 16, 2026, 11:35 am, Room 304

Ergonomics for Hysteroscopy

Anna J. Najor, MD, MPH, MS
Sarah Thappa, DO, MS
Alexandria E. Connor, MD
Cynthia Arvizo, MD

New York Presbyterian Hospital, Weill Cornell Medicine, New York, NY, USA
University of Louisville, Louisville, KY

Award Committee
Chair: Linda C. Yang
Shahrzad Ansari, Juan Salgado, Jonathon Solnik, Cristobal Rodriguez Valero



Golden Laparoscope Award

Best Laparoscopic Surgical Video or Abstract on MIGS
Supported by Olympus America Inc.

Presented in: Video Session 05, Monday, November 16, 2026, 10:30 am, Room 302

Laparoscopic Management of Chronic Uterine Inversion

Ashley B. Parker, MD
Aaliyah D. Meade, MD
Naeema Hopkins-Kotb, MD
Alison C. Fitzgerald, MD
Golnaz Namazi, MD

Mass General Brigham, Boston, MA, USA
Brigham and Women's Hospital, Boston, MA, USA

Award Committee
Chair: Nicole Donnellan
Shannon Laughlin-Tommaso, Steve Radtke, Richard Rosenfield, Armando Menocal Tavernier



IRCAD Award

Best Research in MIGS Education & Innovative Ideas in Teaching
Supported by Karl Storz Endoscopy America

Presented in: Oral Session 08, Monday, November 16, 2026, 11:35 am, Room 309

From Probe to O.R.: Standardizing Ultrasound Competency In MIGS/CBG Fellowship Through A Structured 24-Month Curriculum

Caroline Shadowen, MD
Hannah S. Palin, MD
Lauren L. Siewertsz van Reesema, MD
Joseph Hudgens, MD

Eastern Virginia Medical School at Old Dominion University, Norfolk, VA, USA

Award Committee
Chair: Harold Wu
Thomas Gallant, Kristina Karlson, Jordan Klebanoff, Wendaline VanBuren



Robotic Assisted Surgery Award

Best Robotic Surgery Abstract or Video on MIGS

Presented in: Video Session 01, Sunday, November 15, 2026, 11:00 am, Room 310

Surgical Management of Obstructive Ureteral Endometriosis

Rebecca Schneyer, MD
Maya Shats, MD
Connie Liao, MD
Ogechukwu Ezike, MD
Matthew Siedhoff, MD, MSCR

Los Angeles General Medical Center
Cedars Sinai Medical Center, Los Angeles, CA, USA

Award Committee
Chair: Uchenna Acholonu
Tatnai Burnett, Nicholas Fogelson, Fatih Sendag, Erica Stockwell



Scholarship and Endowment Awards

The Foundation of the AAGL Scholarship and Endowment Awards recognize extraordinary individuals for their achievements in MIGS. Special thanks to Dr. Ralph Turner, Sharon Sharett-Hasson, The Hunt Family, MedStar NCAPS, and FAAGL Donors for their support of these awards.



Harrith M. Hasson Scholarship

Physician From a Developing Economy Who is Empowering Progress in MIGS Within Their Community

Vincent Dusingizimana, MD

Kigali University Teaching Hospital, Kigali, Rwanda

Award Committee
Chairs: Ido Sirota and Lori Warren
Andrew Brill, Brian M. Cohen, Elizabeth Pritts, Jon I. Einarsson



Jaroslav Hulka Scholarship

Fellow or Resident Empowering Progress in MIGS in North America

Gabriela Bosmenier Cruz, MD

Boston Medical Center, Boston, Massachusetts

Award Committee
Chair: Vincent Lucente
Angela Chaudhari, Matthew Siedhoff, Sukhbir Singh, Kelly Wright



Daniel F. Kott Scholarship

Fellow or Resident Empowering Progress in MIGS in Panamá, Colombia or Costa Rica

Maria Isabel Hernandez Cardona, MD

University of Antioquia, Prado Clinic, Medellin, Antioquia, Colombia

Award Committee
Chairs: Ralph Turner and Agnaldo Lopes da Silva Filho
Nicholas Fogelson, Cheryl Iglesia, Erin Carey



Robert B. Hunt Award

Best Paper Published in JMIG
July 2025-June 2026

Initial Results in the Automatic Visual Recognition of Endometriosis Lesions by Artificial Intelligence During Laparoscopy: A Proof-of-Concept Study

Antoine Netter, MD, PhD

Marseille Public University Hospital System, North Hospital, Marseille, France

Supporting Authors:
Saman Noorzadeh, PhD, Fanny Duchateau, MD, Henrique Abrão, MD, Julie Desternes, Julien Peyras, Jean-Luc Pouly, MD, PhD, Mauricio S. Abrão, MD, PhD, Attila Bokor, MD, PhD, Ulrik Bak Kirk, MD, PhD, Aubert Agostini, MD, Blandine Courbiere, MD, PhD, Michel Canis, MD, PhD, Adrien Bartoli, PhD, and Nicolas Bourdel, MD, PhD
University Hospital Clermont-Ferrand, Clermont-Ferrand, France
University of São Paulo Medical School, São Paulo, Brazil
Semmelweis University, Budapest, Hungary
Aarhus University, Aarhus, Denmark
The FEMale Project Work Group

Award Committee
Chair: Tommaso Falcone
Uri Dior, Afchine Fazel, Kristina Karlson, Zaraq Khan, Siddhi Mathur, Dario R. Roque, Carla Tomassetti, Megan N. Wasson



Robert B. Hunt Award

Best Video Published in JMIG
July 2025-June 2026

Intraoperative Transvaginal Ultrasound to Refine Surgical Strategy in Rectosigmoid Endometriosis

Yannick Hurni, MD

Dexeus University Hospital, Barcelona, Spain

Supporting Authors:
Francesco La Torre, MD, Silvia Cabrera, MD, PhD, Pere N. Barri-Soldevila, MD
Dexeus University Hospital, Barcelona, Spain
University of Florence, AOU Careggi, Florence, Italy
Universidad Autonoma Barcelona, Barcelona, Spain

Award Committee
Chair: Tommaso Falcone
Uri Dior, Afchine Fazel, Kristina Karlson, Zaraq Khan, Siddhi Mathur, Dario R. Roque, Carla Tomassetti, Megan N. Wasson



Franklin D. Loffer Exceptional Resident Award

Resident Who Demonstrates Leadership Qualities and a Commitment to Empowering Progress in MIGS

Tim Gemesi, MD

Stanford University, Palo Alto, California, USA

Award Committee
Chair: Cheryl Iglesia
Shobha Sikka, Kirsten J. Sasaki, Sukrant Mehta, Franklin D. Loffer (Emeritus)



MedStar NCAPS Diversity, Inclusion and Access in MIGS Award

Best Research Abstract on Diversity, Inclusion, and Access in MIGS

Diagnostic Disparities in Endometriosis and Adenomyosis: Investigating Social Vulnerability and Access to Care in an Ancestrally Diverse Population

Leigh Ann Humphries, MD

Newton-Wellesley Hospital, Harvard Medical School, Newton, Massachusetts

Award Committee
Chair: Vadim Morozov
Andrew Sokol, Linda Yang, Uchenna Acholonu, Adeoti Efundademu Oshinowo



Noteworthy Awards

The Foundation of the AAGL Noteworthy Awards are the highest honors bestowed by the Foundation of the AAGL. These prestigious awards celebrate individuals whose outstanding achievements, mentorship, and leadership have profoundly influenced the field of gynecologic surgery and contributed to the growth and success of their peers.



Barbara S. Levy AchieveHER Award

Honors an Exceptional Female Leader in MIGS who has Served in Leadership, Mentored Others for Five or More Years, and Played a Pivotal Role in Paving the Way for Future Generations of Female Surgeons

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Xun "Julie" Lian, MD

Stony Brook Medicine, Stony Brook, New York

Award Committee
Chairs: Barbara S. Levy and Mark B. Woodland
Cara King, Marie Paraiso, Karen Wang



Javier F. Magrina Excellence in Robotics Award

Recognizes an Outstanding Robotic Surgeon for Innovations, Mentorship and Leadership in Robotic Assisted Surgery

Supported by Intuitive Surgical

Xiaoming Guan, MD, PhD

Baylor College of Medicine, Houston, Texas

Award Committee
Chairs: Gaby Moawad and Javier Magrina
Shanti Mohling, Thiers Soares, Maureen Cernadas



John F. Steege Mentorship Award

Recognizes an Outstanding AAGL Member who has Provided at Least Ten Years of Mentorship to Future MIG Surgeons

Supported by CooperSurgical

Vincent R. Lucente, MD, MBA

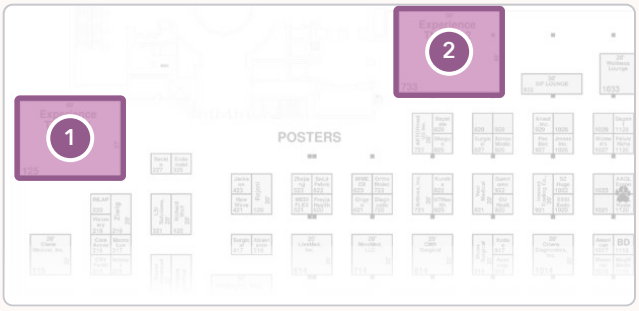
Axia Women's Health, The Institute for Female Pelvic & Reconstructive Surgery, Allentown, Pennsylvania, USA

Award Committee
Chairs: Lori Warren and Charles Miller (non-voting)
Keith Isaacson, Amanda Yunker, Michael Hibner

THE FOUNDATION OF THE AAGL

EXHIBIT HALL

Experience Theaters



Business Meeting

8:00 am – 8:15 am • Room 208

Come learn of the AAGL's developments and advances over the past year.

1 Theater 1

2 Theater 2

8:30 am – 9:15 am

Rejoni

Beyond Adhesiolysis: Elevating Adhesion Prevention in Hysteroscopic Surgery

Intrauterine adhesions (IUAs) remain an important and often underrecognized consequence of procedural trauma to the endometrial basalis, with potential implications for fertility and future pregnancy outcomes. This session will explore what current evidence tells us about IUA incidence, pathogenesis, reformation following adhesiolysis, and downstream reproductive and obstetric consequences. Faculty will examine strategies for optimizing surgical outcomes, including the mechanistic and design characteristics of intrauterine systems that might facilitate adhesion-free repair. These elements are embodied in the Juveena Hydrogel System: liquid transcervical delivery, retrograde cavity filling, rapid in situ polymerization, conformance to the contours of the uterine cavity, and continuous separation of apposing surfaces of the endometrial cavity during the early postoperative repair interval. The efficacy of the system has been demonstrated in a recently published multicenter, subject- and evaluator-blinded pivotal randomized controlled trial with blinded second-look hysteroscopy. The session will then translate these principles into clinical practice by reviewing the Juveena Hydrogel System procedural workflow.

Speakers:
Malcolm G. Munro, MD
Christina Salazar, MD
Pietro Bortoletto, MD, MSc

Johnson & Johnson MedTech

The ergonomics of surgery: How inclusivity, access and comfort can lead to better outcomes.

Learn how device design can impact both surgeon performance and long-term physical health.

Speakers:
Ramon Berguer, MD General Surgeon, Contra Costa Regional Medical Center Co-Chair ACS Surgical Ergonomics ACS Ergonomic Committee design principles
Kirsten Sasaki, MD Complex Benign Gynecology, CCRM Fertility and Gynecologic Surgery Advocate Health Recent ergonomic studies, key takeaways and surgeon experience
Matt Miller Chief Human Factors Design Engineer, J&J MedTech

12:30 pm – 1:15 pm

Applied Medical Resources

MIGS on Your Mind? Think vNOTES First. An Expert Conversation on Complex Benign Gynecology

Every MIGS case starts with a question: Can I use vNOTES? Join the conversation with Drs. Veronica Lerner, Andrea Stuart and Amanda Ulrich about why vNOTES is the first approach they consider when evaluating their MIGS cases. Through footage featuring large uteri, dermoid cysts, and prior pelvic inflammatory processes, the experts will share how their experiences have expanded their use of vNOTES and delivered even more minimally invasive outcomes to their patients.

Speakers:
Veronica Lerner, MD
Andrea Stuart, MD, PhD
Amanda Ulrich, MD

Alteva RCM (Previously M&D Capital)

The Hidden Gem of Surgical Economics: Endometriosis and MIGS

This session explores the often-overlooked value of endometriosis care and minimally invasive gynecologic surgery (MIGS). Beyond reimbursement and operating room efficiency, these specialties present opportunities to redefine surgical value through improved clinical outcomes, specialized expertise, patient-centered care, and strategic health system growth.

Discover how one of surgery's most complex and traditionally undervalued specialties can also represent a significant opportunity for clinical and financial value creation.

Speakers:
Shlomo Silber – Director of Business Development, Alteva RCM
Neal Shmidman – Chief Revenue Officer, Alteva RCM



AAGL SurgeryU

25 Years

AAGL thanks all who have contributed over the last 25 years to make SurgeryU such a valuable resource.

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General Session II

Sunday, November 15, 2026 | 9:30 am – 10:45 am | Ballroom ABC CME

9:30 am FAAGL Signature Awards
Amy Garcia, MD

9:45 am MedTalk II
Kelly Wright, MD

9:30 am FAAGL Signature Awards

Amy Garcia, MD, FAAGL President

Jay M. Cooper Award
Siddhi Mathur, MD, FRCSC

Jerome J. Hoffman Award
Katherine Byrket, MD

Jordan M. Phillips Award
José Garza Leal, MD

Golden Hysteroscope Award
Anna J. Najor, MD, MPH, MS

Golden Laparoscope Award
Ashley B. Parker, MD

IRCAD Award
Caroline Shadowen, MD

Robotic Assisted Surgery Award
Rebecca Schneyer, MD

See page 48 for details.

9:45 am MedTalk II: Why Excision Surgery Hurts Women

MED TALKS

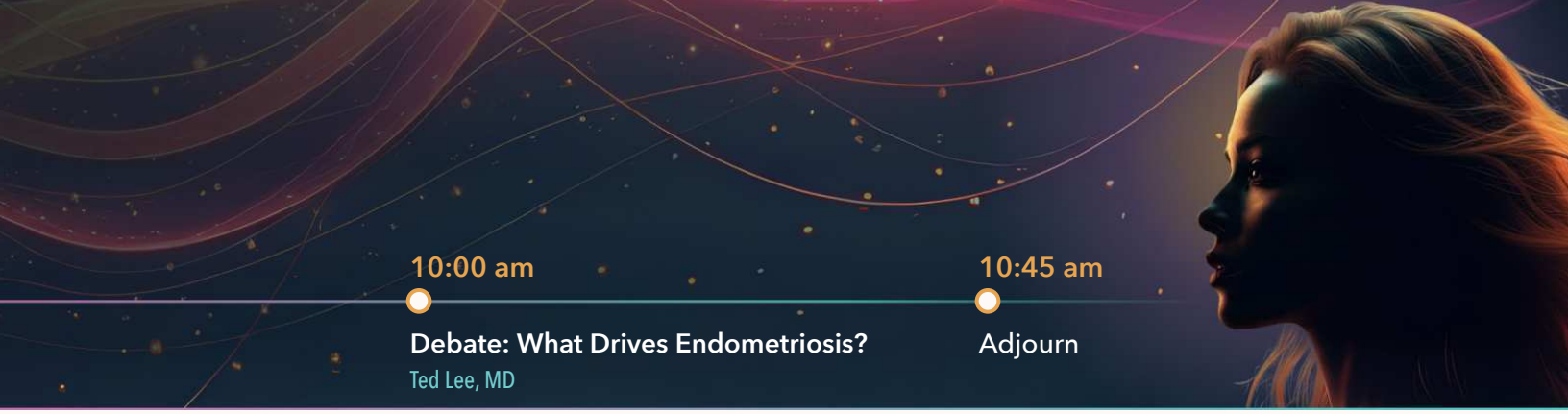


Kelly Wright, MD

Dr. Wright is the Vice Chair of Ob/Gyn and Division Director for MIGS at Cedars-Sinai Medical Center. She obtained her BS in Biomedical Engineering and MD from Texas A&M University. She completed residency in Obstetrics and Gynecology at the Brigham and Women's Hospital and Massachusetts General Hospital Combined Residency Program. She then completed a Fellowship in Minimally Invasive Gynecologic Surgery (MIGS) at the Newton-Wellesley program. She is a global thought leader and has lectured and published widely on reducing the impact of US healthcare on patients, including cost-minimization for hysterectomy, implementing enhanced recovery after surgery, increasing telehealth utilization, increasing sustainability in the OR, and decreasing hospital waste production and carbon emissions. Additionally, she runs the endometriosis center at Cedars-Sinai, combining bench research and high-volume surgical care to learn more about the disease, leading to a publication of a cellular atlas for endometriosis in Nature Genetics.

I am an excision surgeon, and excision surgery hurts women. This tongue-in-cheek MEDTalk explores the concept that hinging on a particular treatment may lead to lack of scientific progress in understanding and treating a disease. The focus on excision surgery for the past three decades has been important in teaching patients how to advocate for themselves and find a capable physician who validates their disease and suffering. However, it has hindered scientific progress through focusing on endometriosis as a single end-organ disease rather than allowing a mindset shift into endometriosis as a systemic inflammatory disease. We have seen progress in other comparative fields such as inflammatory bowel disease, inflammatory skin diseases, and even ovarian cancer. Comparing ourselves to physicians who treat these diseases, we could not imagine a colorectal surgeon who cuts out small intestine every time there's a Crohn's flare. Similarly, the focus on excision surgery has led to overuse and potential abuse of this technique, seen in the proliferation of cash pay surgeons and marketing on social media. This MEDTalk challenges the paradigm of our current treatment standards and offers hope for the future with an introduction to the current targets and treatments being studied right now - monoclonal antibodies, targeted receptor inhibitors, and even simple medications already available on the market. Let's reframe the discussion to think about what a career treating endometriosis as a chronic systemic inflammatory disease would look like, as perhaps we'll find great satisfaction in treating patients well over treating them with repeated surgeries.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Describe the concept of hinging in medicine and how it may hinder scientific progress; 2) Describe current cutting-edge research in the pathophysiology of endometriosis; and 3) Evaluate the potential role of different medications in the treatment of endometriosis.



10:00 am

Debate: What Drives Endometriosis?

Chair:



Ted TM Lee, MD

Moderator:



Cara R. King, DO, MS

Faculty:



Linda Griffith, PhD



Steven L. Young, MD



Hugh S. Taylor, MD

Endometriosis remains one of the most complex and incompletely understood diseases in gynecology. Surgeons see and excise lesions, but the biologic forces that initiate, sustain, and amplify the disease remain deeply intertwined. Endometriosis may be driven by altered endometrial function, impaired decidualization, metabolic dysfunction, inflammation, immune dysregulation, neuroangiogenesis, estrogen dependence, progesterone resistance, and pain-system remodeling.

This 45-minute Main Stage Debate will bring together three internationally recognized scientific leaders to address one central question: **What Truly Drives Endometriosis?** Rather than presenting three independent lectures, this session will be structured as a fast-paced debate among three complementary mechanistic models. Each speaker will make the strongest case for one biologic framework, followed by moderated crossfire, audience response polling, and clinical translation for the practicing endometriosis surgeon.

The goal is not to declare a single winning mechanism. The goal is to help the AAGL audience understand how disease biology should reshape surgical thinking, patient counseling, recurrence prevention, medical therapy, multidisciplinary care, and future research priorities.

Learning Objectives: *After attending this session, the participant will be able to:* 1) Compare leading mechanistic models of endometriosis pathogenesis, including metabolic/decidualization dysfunction, inflammatory and immune pathways, neuroangiogenesis, and endocrine/progesterone resistance mechanisms; 2) Explain how these mechanisms may contribute to pain, infertility, lesion persistence, recurrence, treatment response, and the mismatch between visual disease burden and patient symptoms; 3) Identify how mechanistic insights should influence surgical counseling, operative expectations, postoperative suppression, recurrence prevention, and multidisciplinary care; and 4) Recognize the limitations of a purely lesion-centered model of endometriosis and integrate biologic, inflammatory, hormonal, metabolic, neurologic, and patient-centered perspectives into comprehensive care.

COURSE OUTLINE

10:00 am	Welcome, Introduction and Course Overview *T. Lee*
10:05 am	Baseline Audience Poll *C. King*
10:08 am	Endometriosis, Decidualization and Metabolism: An Emerging Model and Implications for Our Patients *S. Young*
10:15 am	Endocrine Mechanisms: Estrogen/ Progesterone Signaling and Progesterone Resistance *H. Taylor*
10:22 am	Inflammation, Immunology, Pathogenesis, and Neuroangiogenesis *L. Griffith*
10:29 am	Moderated Debate *T. Lee*
10:39 am	Audience Re-Poll and Clinical Translation *C. King*
10:42 am	Final Synthesis *T. Lee*
10:45 am	Adjourn

Surgical Tutorial 422

Essential Radical Hysterectomy Techniques for Resection of Parametrial Endometriosis Nodules

11:00 am – 12:00 pm · Room 302 CME



Chair: *Xiaoming Guan*
Faculty: *Joseph Nassif, Helizabet Salomão*

In complex benign gynecologic surgery, particularly in the management of deep infiltrating endometriosis involving the parametrium, mastery of radical hysterectomy techniques is essential. Parametrial endometriosis significantly distorts pelvic anatomy and places critical neurovascular structures at risk, requiring advanced surgical strategies traditionally derived from oncologic radical hysterectomy. This surgical tutorial focuses on the application of radical hysterectomy principles–including parametrial dissection, ureterolysis, and nerve-sparing techniques–to enable safe and effective resection of deep endometriosis nodules. Through detailed anatomic review and step-by-step surgical demonstrations, participants will learn to adapt these techniques for both hysterectomy and uterine-preserving procedures, with the goals of minimizing complications and preserving pelvic organ function.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Identify and apply radical hysterectomy dissection planes to safely resect parametrial endometriosis nodules in patients undergoing hysterectomy; 2) Adapt radical endometriosis resection techniques for uterine-preserving surgery, accounting for anatomic variation and fertility-sparing considerations; and 3) Implement nerve-sparing strategies during radical endometriosis nodule resection to reduce postoperative bladder, bowel, and sexual dysfunction.

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview	*X. Guan*
11:05 am	Radical Endometriosis Nodule Resection in Uterine-Preserving Patients	*X. Guan*
11:20 am	Radical Endometriosis Nodule Resection in Hysterectomy Patients	*H. Salomão*
11:35 am	Pelvic Autonomic Nerve Identification and Preservation During Radical Endometriosis Dissection	*J. Nassif*
11:50 am	Discussion Questions & Answers	
12:00 pm	Adjourn	

Surgical Tutorial 430

Artificial Intelligence and Image-Guided Surgery for Intraoperative Safety in Gynaecological Minimally Invasive Surgery

11:00 am – 12:00 pm · Room 304 CME



Chair: *Nicolas Bourdel*
Faculty: *Helder Ferreira Sr., Juan Gilabert Estelles*

Intraoperative complications in gynecological minimally invasive surgery (MIS) are frequently related to difficulties in anatomical recognition, loss of spatial orientation, and limited real-time decision support in complex surgical environments. Recent advances in artificial intelligence (AI) and image-guided surgery now offer new opportunities to improve intraoperative safety through enhanced visualization, anatomical mapping, and surgical navigation. This Surgical Tutorial will provide a practical and clinically oriented overview of how AI-assisted technologies and image-guided systems can be integrated into daily surgical practice to enhance intraoperative safety. The course will focus on real-time anatomical recognition, ureteral and vascular mapping, fluorescence-guided surgery, and augmented visualization techniques during complex pelvic procedures. Using high-quality narrated surgical videos and structured step-by-step analysis, participants will learn how these technologies can be applied during advanced hysterectomy, endometriosis surgery, and difficult pelvic dissections to reduce the risk of ureteral, vascular, and nerve injury. Emphasis will be placed on practical workflow integration, evidence-based application, and limitations of current systems.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Describe the principles of artificial intelligence and image-guided technologies applied to gynecological minimally invasive surgery; 2) Recognize critical pelvic anatomical structures using AI-assisted and fluorescence-based imaging techniques; 3) Apply image-guided strategies to enhance ureteral, vascular, and nerve safety during complex pelvic surgery; 4) Integrate AI-supported intraoperative guidance into surgical workflows for endometriosis surgery and advanced hysterectomy; and 5) Identify current limitations, regulatory considerations, and future perspectives of artificial intelligence in intraoperative surgical safety.

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview	*N. Bourdel*
11:05 am	From Data to Decision: Integrating AI and Fluorescence Imaging into Real-Time Surgical Workflow	*H. Ferreira*
11:20 am	Artificial Intelligence–Assisted Anatomical Recognition and Surgical Navigation in Gynaecological MIS	*N. Bourdel*
11:35 am	Image-Guided Strategies for Ureteral, Vascular, and Nerve Safety in Complex Pelvic Surgery	*J. Gilabert Estelles*
11:50 am	Discussion Questions & Answers	
12:00 pm	Adjourn	

Surgical Tutorial 412

Adenomyosis: Surgical Judgment, Technique, and Functional Outcomes in Conservative Management

11:00 am – 12:00 pm · Room 312 CME



Chair: *Thiers Soares Raymundo*
Faculty: *Marco Aurelio P. Oliveira, Mireille Truong*

This surgical tutorial is designed for advanced surgeons who wish to enhance their decision-making and technical strategies for conservative management of adenomyosis while preserving uterine function and improving quality of life. The session integrates live video analysis, case-based discussion, and technical breakdowns of excision, partial adenomyomectomy, and combined minimally invasive approaches.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Identify patient and disease factors that guide surgical indication for adenomyosis; 2) Apply advanced conservative surgical techniques to treat focal and diffuse adenomyosis; and 3) Evaluate outcomes in terms of pain relief, fertility, and uterine function preservation.

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview	*T. Soares Raymundo*
11:05 am	Diagnosis to Decision: When and How to Operate on Adenomyosis	*M. Truong*
11:20 am	Outcomes and Pitfalls: Functional Recovery and Long-Term Results	*M. Oliveira*
11:35 am	Conservative Surgery for Adenomyosis: Step-by-Step Techniques and Uterine Reconstruction	*T. Soares Raymundo*
11:50 am	Discussion Questions & Answers	
12:00 pm	Adjourn	

Oral Session 1

Endometriosis Imaging, Diagnosis, and Disease Mapping

11:00 am – 12:00 pm · Room 309

Moderators: *Sarah Allen, Gregory Lewis, Shivani Parikh*

Presenters: *Isabelly Blard, Vanessa Brown, Maggie Jiang, Samantha Kegel, Sara S. Schlindwein, Joao Jabbur Stern, Kurian Thott, Montserrat Vargas*

This session focuses on improving recognition, imaging-based mapping, and diagnostic classification of endometriosis and adenomyosis. The talks move from ultrasound and MRI comparisons to disease mapping, noninvasive biomarkers, and AI-supported MRI planning.

Learning Objectives: *At the end of this course, the participant will be able to:*

Compare imaging strategies for endometriosis and adenomyosis.

Identify how structured mapping can inform surgical planning.

Evaluate emerging diagnostic tools including biomarkers and AI-supported imaging.

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview
11:02 am	Rectal Saline Contrast for Sonographic Assessment of Rectosigmoid Bowel Endometriosis: A Pilot Study *V. Brown, W. Nolan, J. Lomboy, H. Simon, R. Paya Pasic, S. Parikh*
11:08 am	Transvaginal Ultrasound Versus MRI for Diagnosis of Rectosigmoid Endometriosis: A Systematic Review and Meta-Analysis *S. Kegel, A. Massias, R. Preis, C. Adams, G. Lewis, L. Sanchez-Ramos*
11:14 am	Preoperative Imaging Predictors of Diaphragmatic Endometriosis: Case-Control Analysis Using the Deep Pelvic Endometriosis Index (dPEI) *J. Jabbur Stern, F. Francisco Ferreira, A. Di Mango, L. Camara Belem, I. Pires Franco, T. Soares Raymundo, C. Souza, L. Pardini Chamie, M. Oliveira, A. Brandao Salomao*
11:20 am	Accuracy of the AAGL Endometriosis Classification with Magnetic Resonance Imaging Compared to the Laparoscopic AAGL Classification *S. Schlindwein, Y. Carvalho, A. Servidoni, C. Barbisan, M. Andres, M. Abrão*
11:26 am	Salivary Metabolomics for Noninvasive Diagnosis of Endometriosis: A Translational Case–Control Study *I. Blard, S. Leite, M. Brunoro, A. Servidoni, M. Andres, C. Labate, M. Veneziano Labate, M. Abrão*
11:32 am	AI for Surgical Planning of Adenomyosis and Bowel Deep Infiltrating Endometriosis on Pelvic MRI *K. Thott, D. Godbole, D. Klein*
11:38 am	Diagnostic Accuracy of Transvaginal Ultrasound Versus Magnetic Resonance Imaging for the Diagnosis of Adenomyosis *M. Vargas, C. Rodríguez Valero*
11:44 am	Adolescent Versus Adult-Onset Dysmenorrhea: Distinct Phenotypes at Endometriosis Diagnosis *M. Jiang, M. Kheil, A. Vilkins, J. Abood*
11:50 am	Discussion Questions & Answers
12:00 pm	Adjourn



Video Session 1

Multiorgan Endometriosis: Bowel, Bladder, and Ureteral Surgery

11:00 am – 12:00 pm · Room 310

Moderators: *Nicholas Fogelson, Laura Homewood, Richard Rosenfield*

Presenters: *Maria C. Alzamora Schmatz, Mayara C.B. Andrade, Fernanda W. Fernandes, Taylor L. Garza, Caroline J. Min, Natalia S. Parra, Rebecca Schneyer, Allison E. Whorton*

This session presents advanced management of endometriosis involving the urinary and gastrointestinal tracts. Videos cover ureteral reimplantation, obstructive ureteral disease, nephroureterectomy, bladder reconstruction, discoid bowel excision, and robotic strategies for bowel disease.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Plan multidisciplinary surgery for urinary-tract and bowel endometriosis; 2) Compare ureterolysis, reimplantation, and more definitive urinary procedures; 3) Apply techniques for bowel excision while limiting residual disease; and 4) Anticipate reconstruction and postoperative considerations after multiorgan surgery.

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview
11:02 am	Management of Deeply Infiltrating Endometriosis With Ureteral Reimplantation *M. Alzamora Schmatz, C. Iwelumo, L. Bukavina, M. Billow*
11:08 am	Double Discoid Excision of Deep Rectosigmoid Endometriosis - Ultrasound Guided Strategy to Prevent Residual Disease *T. Garza, R. Bennett, E. Mikhail*
11:14 am	Beyond the Surface: Robotic Resection of Bulky Multicompartmental DIE and Bladder Reconstruction *M. Andrade, A. Fernandes, M. Corinti, G. Arcas, G. Barison*
11:20 am	Laparoscopic Hysterectomy and Excision of Ureteral Endometriosis With Concurrent Nephroureterectomy *A. Whorton, N. Atobiloye, K. De Souza, W. Ross, E. Bardawil*
11:26 am	Management of Ureteral Endometriosis in a Fertility-Seeking Patient *C. Min, A. Kempf, G. Joice, J. Kim*
11:32 am	Surgical Management of Obstructive Ureteral Endometriosis *R. Schneyer, M. Shats, C. Liao, O. Ezike, M. Siedhoff*
11:38 am	A Series of Bowel Endometriosis *N. Parra, S. Guang, C. Arora, A. Advincula, M. Gedeon*
11:44 am	Iatrogenic Uterine Diverticulum Mimicking a Bicornuate Uterus After Hysteroscopic Myomectomy *F. Fernandes, L. Bar-El*
11:50 am	Discussion Questions & Answers
12:00 pm	Adjourn

Surgical Tutorial 457

Fertility Preservation in Pelvic Malignancy: Surgical Strategies to Preserve Reproductive Potential

11:00 am – 12:00 pm · Room 311 CME



Chair: *Anis Feki*

Faculty: *Ursula Catena, Michael Mueller, Reitan Ribeiro*

As cancer survival improves in young women, fertility preservation has become an essential component of gynecologic oncology care. This surgical tutorial will provide a practical and evidence-based overview of contemporary fertility-preserving strategies in patients undergoing treatment for gynecologic malignancies or pelvic irradiation. International experts will discuss patient selection, surgical techniques, multidisciplinary coordination, oncologic safety, and reproductive outcomes. Topics will include ovarian tissue cryopreservation and oocyte preservation prior to chemoradiation, conservative hysteroscopic management of endometrial hyperplasia and early endometrial cancer, uterine transposition to preserve reproductive potential before pelvic radiation, and ovarian transposition techniques to maintain ovarian hormonal and reproductive function. Through expert discussion and surgical insights, attendees will gain a comprehensive understanding of modern fertility-preserving approaches in complex oncologic settings.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Evaluate current fertility-preserving surgical strategies in patients with pelvic malignancy or requiring pelvic irradiation; 2) Identify the indications, techniques and limitations of ovarian and uterine transposition; and 3) Evaluate multidisciplinary decision-making, oncologic safety and reproductive outcomes in complex fertility preservation cases.

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview	*A. Feki*
11:05 am	Introduction: Why Fertility Preservation Matters in Gynecologic Oncology	*A. Feki*
11:15 am	Ovarian Tissue Cryopreservation and Oocyte Preservation Prior to Chemotherapy and Radiation	*A. Feki*
11:25 am	Conservative Hysteroscopic Management of Endometrial Hyperplasia and Early Endometrial Cancer	*U. Catena*
11:35 am	Uterine Transposition: Surgical Technique, Indications, and Reproductive Outcomes	*R. Ribeiro*
11:45 am	Ovarian Transposition Prior to Pelvic Irradiation: Surgical Pearls and Long-Term Outcomes	*M. Mueller*
11:55 am	Discussion Questions & Answers	
12:00 pm	Adjourn	

Surgical Tutorial 458

Beyond Boundaries: Advanced Surgical Management of Extrapelvic and Complex Endometriosis by the MIGS Surgeon

11:00 am – 12:30 pm · Room 306 CME



Chair: *Nucelio Lemos*

Faculty: *Shanda Blackmon, William Kondo, Marcello Ceccaroni, Ricardo M.A. Pereira*

The surgical management of advanced endometriosis requires disease-specific expertise, advanced technical skills, and sound judgment regarding the appropriate scope of gynecologic surgery. Highly specialized MIGS surgeons increasingly serve as the primary operative specialists for complex disease involving the diaphragm, pericardium, bowel, urinary tract, and lumbosacral plexus, applying advanced excisional, nerve-sparing, and reconstructive techniques within gynecologic practice. Developing this expertise allows gynecologic surgeons to provide more comprehensive, disease-oriented care while improving patient selection, surgical planning, complication prevention, and continuity of treatment.

This Surgical Tutorial brings together internationally recognized experts with extensive experience in complex endometriosis surgery. Dr. Ricardo Pereira will discuss the diagnosis and gynecologic surgical management of diaphragmatic and pericardial endometriosis, including relevant anatomy, operative techniques, and potential pitfalls. Dr. Marcello Ceccaroni will review surgical strategies for sacral plexus and lumbosacral endometriosis, including nerve-sparing approaches and decision-making in deeply infiltrative neural disease. Dr. William Kondo will present contemporary techniques for bowel endometriosis excision, including shaving, discoid excision, segmental resection, and natural orifice specimen extraction (NOSE), with particular attention to anastomotic leak prevention. Dr. Nucelio Lemos will discuss advanced urinary tract endometriosis surgery, including bladder reconstruction, ureterolysis, ureteric reanastomosis, ureteral reimplantation, and bladder reconstruction.

A central theme of the session will be how MIGS surgeons can safely expand their operative scope and develop the excisional and reconstructive capabilities required to manage complex endometriosis independently. Faculty will discuss practical strategies for acquiring these skills, selecting appropriate patients, preventing and managing complications, and building collaborative networks that remain available for support when needed.

Rare extra-abdominal manifestations, including endometriosis involving the central nervous system, nasopharyngeal region, joints, and other distant sites, represent important exceptions to this concept of gynecologic surgical independence. These uncommon presentations illustrate the boundaries of gynecologic practice and the continuing importance of collaboration with other surgical specialties. To provide the perspective of a collaborating specialty, Dr. Shanda Blackmon will present the thoracic surgical approach to supradiaphragmatic disease and introduce a proposed classification of diaphragmatic and thoracic endometriosis. This framework will help define disease distribution, guide operative planning, and clarify when management by the gynecologic surgeon or collaboration with a thoracic surgeon is most appropriate.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Describe contemporary surgical approaches for diaphragmatic, bowel, urinary tract, and lumbosacral plexus endometriosis, including key technical considerations and anatomical landmarks; 2) Compare the indications, advantages, limitations, and complication profiles of shaving, discoid excision, segmental bowel resection, and NOSE techniques for rectosigmoid endometriosis; 3) Apply surgical strategies to minimize major complications in advanced endometriosis surgery, including anastomotic leak, ureteral injury, fistula formation, and neurologic dysfunction; 4) Discuss reconstructive options for advanced urinary tract endometriosis, including ureterolysis, ureteric reanastomosis, ureteral reimplantation, and bladder reconstruction; and 5) Evaluate how advanced MIGS surgeons can safely expand their surgical scope in complex endometriosis while building effective multidisciplinary collaboration with colorectal surgery, thoracic surgery, urology, and neurosurgery teams.

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview	*N. Lemos*
11:05 am	Diaphragmatic and Pericardial Endometriosis: Surgical Anatomy, Techniques, and Pitfalls	*R. Pereira*
11:15 am	Sacral Plexus and Lumbosacral Endometriosis: Nerve-Sparing Strategies and Surgical Decision-Making	*M. Ceccaroni*
11:25 am	Bowel Endometriosis: Shaving, Discoid, Segmental and NOSE Techniques with Leak Prevention Strategies	*W. Kondo*
11:35 am	Advanced Urinary Tract Endometriosis: Bladder Reconstruction, Ureteric Anastomosis and Reimplantation	*N. Lemos*
11:45 am	Thoracic Endometriosis: Complex Care, Standards and Outcomes	*S. Blackmon*
11:55 am	Discussion Questions & Answers	
12:30 pm	Adjourn	

Panel 558

Lectures From Around the Globe: Global Advances in MIGS: Access, Precision, and Surgical Safety

11:00 am – 12:00 pm · Ballroom ABC

Moderators: *R. Edward Betcher, Marie Fidela R. Paraiso*

Faculty: *Mohamed Achour (MAMIGS, Morocco), Francisco Carmona (SEGO, Spain), Ashish R. Kale (IAGE, India), Rebecca Mallick (BSGE, United Kingdom), Fevzi Shakir (BSGE, United Kingdom)*

Global progress in minimally invasive gynecologic surgery requires more than new techniques: it requires broader access, disciplined judgment, purposeful technology, and reproducible safety. Drawing on perspectives from India, Spain, the United Kingdom, and Morocco, this session moves from awareness and access through advanced surgical innovation, precision, complex decision-making, and prevention of urologic injury.

Learning Objectives: *After attending this session, the participant will be able to:*
1) Describe strategies to improve awareness of and access to care for deep infiltrating endometriosis; 2) Describe the principal recipient-selection criteria, donor and recipient safety considerations, and reproductive outcomes associated with uterus transplantation; 3) Evaluate the applications and limitations of fluorescence guidance in complex gynecologic surgery; 4) Apply multidisciplinary decision-making principles to the management of renal endometriosis; and 5) Apply practical strategies to reduce urologic complications during laparoscopic hysterectomy.

COURSE OUTLINE

11:00 am	Welcome, Introduction and Course Overview	
11:03 am	DIE: Increasing Awareness and Access	*A. Kale (IAGE, India)*
11:13 am	Uterus Transplantation: From Surgical Innovation to Reproductive Choice	*F. Carmona (SEGO, Spain)*
11:23 am	Fluorescence-Guided Surgery: The Next Era of Surgical Precision	*R. Mallick (BSGE, United Kingdom)*
11:33 am	Complex Decision-Making in Renal Endometriosis	*F. Shakir (BSGE, United Kingdom)*
11:43 am	Toward Zero Urologic Complications During Laparoscopic Hysterectomy	*M. Achour (MAMIGS, Morocco)*
11:53 am	Discussion Questions & Answers	
12:00 pm	Adjourn	



Exhibit Hall Sunday - Lunch and Experience Theaters Included with Registration

12:00 pm – 2:00 pm • Exhibit Hall

JMIG
The Journal of Minimally Invasive Gynecology

JMIG Editors' Awards Luncheon

By Invitation

Sunday, November 15 • 12:15 pm – 1:15 pm • Room 210

The Journal of Minimally Invasive Gynecology hosts this luncheon to recognize the dedication and contributions of our outstanding Editors, Ad Hoc Reviewers, and Social Media Scholars.

Robert B. Hunt Award for Best Paper or Video Published in JMIG July 2025-June 2026

Best Paper

Initial Results in the Automatic Visual Recognition of Endometriosis Lesions by Artificial Intelligence During Laparoscopy: A Proof-of-Concept Study

Antoine Netter, MD, PhD

Marseille Public University Hospital System, North Hospital, Marseille, France

Supporting Authors: Saman Noorzadeh, PhD, Fanny Duchateau, MD, Henrique Abrão, MD, Julie Desternes, Julien Peyras, Jean-Luc Pouly, MD, PhD, Mauricio S. Abrão, MD, PhD, Attila Bokor, MD, PhD, Ulrik Bak Kirk, MD, PhD, Aubert Agostini, MD, Blandine Courbiere, MD, PhD, Michel Canis, MD, PhD, Adrien Bartoli, PhD, and Nicolas Bourdel, MD, PhD

Best Video

Intraoperative Transvaginal Ultrasound to Refine Surgical Strategy in Rectosigmoid Endometriosis

Yannick Hurni, MD

Dexeus University Hospital, Barcelona, Spain

Supporting Authors: Francesco La Torre, MD, Silvia Cabrera, MD, PhD, Pere N. Barri-Soldevila, MD

Dr. Hunt was one of the preeminent leaders of the AAGL: President of the AAGL 1991 – 1992 and founding Editor-in-Chief of The Journal of the AAGL, now The Journal of Minimally Invasive Gynecology, from its inception in 1993 until he retired in 2002. He was instrumental in establishing this well-respected journal which informs and educates physicians all over the world.

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Panel 527

Beyond the Surgeon's Eye: Solving the Pathology-Visual Disconnect in Endometriosis Surgery

2:00 pm – 3:00 pm · Room 311 CME




Chair: *Tarek Toubia*
Co-Chair: *Erin T. Carey*
Faculty: *Lori Scanga, Tamer Seckin*

Every endometriosis surgeon faces a diagnostic dilemma: compelling visual disease that tests negative on pathology, or conversely, uncertain-appearing tissue that proves pathologically positive. These scenarios create clinical uncertainty, delay diagnosis, and leave every surgeon grappling with a fundamental dilemma: how to avoid both unnecessary excisions of benign tissue and missed excisions of true endometriosis.

This panel brings together experienced endometriosis surgeons and a gynecologic pathologist to dissect both sides of this mismatch–why it happens, how to minimize its occurrence, and most importantly, how to navigate it clinically when it does occur.

The panel will: Present the dual diagnostic problem-Scenario A: Visually classic endometriosis that returns negative pathology and Scenario B: Uncertain or atypical lesions that could prove positive; Showcase real surgical findings through case-based presentations featuring intraoperative images and descriptions of lesion characteristics, location, and surgeon impression; Engage the audience interactively by presenting surgical findings and polling participants on their predicted pathology results–then revealing the actual pathologic outcomes; Review the pathologic evidence of key endometriosis variants–explaining why standard H&E staining misses certain presentations and what enhanced pathology protocols can detect; and Provide actionable strategies for optimizing specimen collection, requesting enhanced pathology workup, and improving surgeon-pathologist communication.

Why this matters: Negative pathology should not be interpreted as unnecessary excision. Conversely, uncertain lesions warrant thoughtful evaluation as dismissing them outright risks missing true disease. Understanding this science improves diagnostic confidence, reduces delayed diagnoses, and strengthens the collaboration of gynecologic surgeons with pathologists.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Recognize dual diagnostic scenarios, understand their incidence, and recognize clinical implications; 2) Recognize and distinguish between the two key diagnostic paradoxes in endometriosis (negative pathology on visually compelling disease AND positive pathology on uncertain lesions) and articulate the incidence and clinical implications of each using evidence from the literature; 3) Explain the pathologic mechanisms underlying false-negative diagnoses in endometriosis; 4) Explain at least three specific pathologic mechanisms that result in false-negative endometriosis diagnoses despite true disease being present–thereby understanding the molecular and cellular basis for why standard H&E staining fails to identify certain endometriosis variants; 5) Apply evidence-based strategies to optimize pathology yield and improve diagnostic accuracy; 6) Apply evidence-based strategies to maximize endometriosis diagnostic accuracy by (1) modifying intraoperative specimen collection technique, (2) requesting enhanced pathology workup, and (3) interpreting negative standard histology in clinical context, thereby enabling them to make more accurate endometriosis diagnoses, reduce false-negatives, and improve communication between gynecologic surgeons and pathologists.

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview *T. Toubia*
2:05 pm	When What We See Doesn't Match What We Get: The Endometriosis Diagnostic Paradox in the OR *T. Toubia*
2:15 pm	From Mismatch to Management: Practical Strategies to Improve Endometriosis Diagnostic Accuracy *E. Carey*
2:25 pm	Why Pathology Says 'No' When It Should Say 'Yes' *L. Scanga*
2:35 pm	The Disease We Don't See: Occult Endometriosis and the Limits of Visual Diagnosis *T. Seckin*
2:45 pm	Discussion Questions & Answers
3:00 pm	Adjourn

Panel 520

When NOT to Operate: Surgical Decision-Making in Complex Gynecologic Scenarios

2:00 pm – 3:00 pm · Room 304 CME




Chair:
Andreisa Paiva Monteiro Bilhar
Co-Chair: *Keith B. Isaacson*
Faculty: *Michel J. Canis, Mariana Vieira*

Despite advances in minimally invasive gynecologic surgery, inappropriate or premature surgical intervention remains a major contributor to complications, inconsistent outcomes, and reduced patient autonomy. This panel discussion focuses on surgical decision-making in complex gynecologic scenarios, emphasizing when not to operate. Through real-world clinical cases, panelists will present multiple perspectives on patient selection, timing of intervention, risk stratification, and the balance between surgical and non-surgical management in conditions such as deep endometriosis, chronic pelvic pain, uterine scar defects, infertility, and pregnancy-related scenarios. The discussion aims to translate evidence and experience into practical insights that improve patient-centered outcomes, reduce unnecessary surgery, and support timely access to high-quality care.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Analyze complex gynecologic cases to determine when surgical intervention is not indicated; 2) Apply risk–benefit and outcomes-driven frameworks to guide decision-making in high-risk gynecologic scenarios; and 3) Integrate patient-centered principles into operative and non-operative management strategies.

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview *A. Paiva Monteiro Bilhar*
2:05 pm	Real-World Clinical Decision-Making, Patient Selection, and Outcome Assessment *M. Canis*
2:20 pm	Clinical Decision-Making in High-Volume Referral Settings, Multidisciplinary Perspectives, and Balancing Surgical Indication With Patient-Centered Outcomes in Complex Gynecologic Care *M. Vieira*
2:35 pm	Framing Decision-Making Frameworks, Leadership in Surgical Restraint, and Outcomes-Driven Care *K. Isaacson*
2:50 pm	Discussion Questions & Answers
3:00 pm	Adjourn

Debate 639

Mesh Versus Burch for Stress Urinary Incontinence

2:00 pm – 3:00 pm · Room 309 CME



Chair: *Sven Becker*

Faculty: *Dean Conrad, Cheryl B. Iglesia*

No area of advanced gynecologic surgery has been more controversial than pelvic floor reconstruction and urinary incontinence surgery. After an initial fast adoption of novel mesh-based techniques that revolutionized the field, there has been an almost ideologic backlash against the use of any foreign material – mostly in the face of terrible complications.

Legal questions, cooperate decision making, teaching deficits and controversial representation by the media have made this just one more mine-field gynecologic surgeons need to navigate.

We want to learn the facts and come up with a pragmatic recommendation for the future.

Learning Objectives: *After attending this course, the participant will be able to:* 1) Explain the different surgical approaches to stress urinary incontinence treatment; 2) Select the most appropriate approach for an individual patient; and 3) Identify the different indications and complications of both approaches.

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview
2:05 pm	Pro Mesh *C. Iglesia*
2:25 pm	Pro Burch *D. Conrad*
2:45 pm	Discussion Questions & Answers
3:00 pm	Adjourn

Oral Session 2

Fibroids and Adenomyosis: Imaging, Innovation, and Surgical Decision-Making

2:00 pm – 3:00 pm · Room 310

Moderators: *Shannon Laughlin-Tommaso, Michelle Louie, Dick Schoot*

Presenters: *Usha BR, Eduardo J. Cecchin, Jose B.M.D.S. Costa, Sneha Kamarajugadda, Suyash Naval, Rachel R. Pacyna, Anita Shah, Assia A. Stepanian*

This session highlights contemporary decision-making in fibroids and adenomyosis, including imaging, digital tools, radiofrequency ablation, myomectomy outcomes, pregnancy implications, and fertility-preserving approaches.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Evaluate new tools for fibroid and adenomyosis counseling and mapping; 2) Discuss fertility and pregnancy considerations after fibroid treatment; and 3) Compare surgical and nonsurgical approaches in complex uterine disease.

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview
2:02 pm	Transvaginal Ultrasound-Guided Radiofrequency Ablation of Uterine Fibroids: Early Outcomes from the First Brazilian Cohort *E. Cecchin, D. Colzani, A. Zablonski Budal, M. Zelaquett, S. Turra, F. Bassols*
2:08 pm	Evaluation of Uterine Digital Twin Software for Counselling Efficiency and Workflow in Gynecology Practice *S. Naval*
2:14 pm	Advanced Fibroid Mapping Tool Improves Patient Decision-Making and Surgical Conversion: A Prospective Study *U. BR*
2:20 pm	A Systematic Review and Meta-Analysis of Pregnancy Outcomes After Myomectomy *S. Kamarajugadda, A. Tuchler, R. Lee, Y. Zhang, C. Ananth, J. Opoku-Anane*
2:26 pm	Antepartum Myomectomy: PRISMA-Guided Pooled Analysis of 135 Cases and the First Clinical Decision Framework *J. Costa, P. Dos Reis, C. Coelho*
2:32 pm	Effect of Tourniquet Time During Abdominal Myomectomy on Postoperative Ovarian Reserve *R. Pacyna, W. Parker, S. Varon*
2:38 pm	Intraoperative Navigation Based on AI-Assisted High-Resolution Modeling in Fertility-Preserving Surgery for Adenomyosis *L. Adamyan, A. Stepanian, A. Sokolov, A. Arakelian, V. Bychenko, K. Mailova*
2:44 pm	Round Ligament Leiomyoma Presenting as a Large Vulvar Mass *A. Shah, S. Diulus, G. Harkins*
2:50 pm	Discussion Questions & Answers
3:00 pm	Adjourn

Video Session 2

Deep Endometriosis Dissection: Planes, Nerve Preservation, and Pelvic Sidewall Strategy

2:00 pm – 3:00 pm · Room 302

Moderators: *Debra Arden, Dina Chamsy, Howard Curlin*

Presenters: *Marcello Ceccaroni, Igor Chiminacio, Danielle Ikoma, Yasuhiro Kawarabayashi, Ricardo M.A. Pereira, Charles A. Souza, Meryem Soylu*

This session concentrates on the surgical architecture of deep endometriosis. Presentations demonstrate how to reconstruct obliterated planes, preserve autonomic nerves, navigate the parametria and pelvic sidewall, and perform radical en-bloc excision when disease extends into multiple compartments.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Reconstruct surgical planes distorted by fibrosis and deep disease; 2) Identify and preserve the hypogastric plexus and sacral nerve roots; 3) Use pelvic-sidewall landmarks to guide ultra-deep excision; and 4) Balance completeness of excision with functional preservation.

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview
2:05 pm	Reconstructing Obscured Connective Tissue Planes Across Pelvic Compartments in Deep Endometriosis *Y. Kawarabayashi, C. Hayase, S. Ogawa*
2:11 pm	Nerve-Sparing Laparoscopic Excision of Sacral Nerve Root Endometriosis in Stage IV Disease *D. Ikoma, T. Lee*
2:17 pm	Laparoscopic Nerve-Sparing Posterior Pelvic Exenteration with Retrograde Radical Hysterectomy for Deep Endometriosis. *M. Ceccaroni, G. D'Ancona, G. Roviglione*
2:23 pm	Robotic Vision Redefines Anatomical Plane Dissection in MIGS: Evolving Concepts in Deep Endometriosis Surgery *C. Souza, P. Trauczynski, G. Buchen, A. Barros, M. Corrêa, L. Antunes, R. Pazello*
2:29 pm	Nerve-Sparing Laparoscopic Excision of Deep Infiltrating Endometriosis: Hypogastric Plexus Preservation Technique *M. Soylu, E. Kar, E. Cetin, A. Steiner, M. Ceyhan, H. Goksever Celik, E. Bastu*
2:35 pm	Massive Retrocervical Endometriosis With Parametrial Involvement: En-Bloc Excision With Transvaginal Circular Stapler Insertion *I. Chiminacio, J. Petry, H. Sabadin, C. Obrzut*
2:41 pm	Laparoscopic Resection of Ultra-Deep Endometriosis: A Deep Dive Into Pelvic Sidewall and Pelvic Floor Anatomy *R. Pereira, R. Lima, R. Pereira, J. Oliveira, L. Mattos, B. Oliveira, T. Oliveira*
2:47 pm	Discussion Questions & Answers
3:00 pm	Adjourn

Debate 638

Myomectomy on Trial: Mini-Laparotomy vs. Minimally Invasive. The Verdict Is Still Out

2:00 pm – 3:00 pm · Room 306 CME



Chair: *Angela Chaudhari*
Faculty: *Antonio Gargiulo, Andrea Tinelli*

The optimal surgical approach to myomectomy remains one of the most debated topics in gynecologic surgery. While minimally invasive techniques continue to advance, mini-laparotomy remains an important option for selected patients with complex pathology. In this engaging debate, our internationally recognized experts will present the evidence, challenge prevailing paradigms, and defend their preferred surgical approaches. Through discussion of patient selection, surgical complexity, perioperative outcomes, reproductive outcomes, and technical considerations, participants will gain a balanced, evidence-based perspective to guide clinical decision-making. This interactive session will encourage audience participation as attendees weigh the evidence and decide whether the verdict has truly been reached.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Compare the current evidence regarding minimally invasive and mini-laparotomy myomectomy, including surgical outcomes, perioperative morbidity, and reproductive outcomes; 2) Evaluate patient- and disease-specific factors that influence the selection of the most appropriate surgical approach for myomectomy; and 3) Incorporate expert technical strategies and evidence-based decision-making into surgical planning to optimize patient outcomes while minimizing complications.

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview	*A. Chaudhari*
2:05 pm	Pro Open	*A. Tinelli*
2:25 pm	Pro MIGS	*A. Gargiulo*
2:45 pm	Discussion Questions & Answers	
3:00 pm	Adjourn	

Surgical Tutorial 455

Hemostatic Dissection: The Missing Link to Surgical Mastery

2:00 pm – 3:00 pm · Room 312 CME



Chair: *William Kondo*
Faculty: *Arnold P. Advincula, Ted T.M. Lee, Mario M. Malzoni*

Contemporary surgical education emphasizes anatomy and disease processes, with comparatively little formal attention to the mechanical principles governing safe and efficient tissue separation. This advanced surgical tutorial focuses on the mechanics of dissection using pelvic sidewall dissection, parametrectomy, and ureterolysis in stage IV endometriosis as a common operative challenge.

Four internationally recognized laparoscopic and robotic surgeons will present narrated operative videos demonstrating their individual approaches to this complex dissection. Each video will be followed by commentary from another faculty member, creating an opportunity to compare operative decisions, technical styles, instruments, and energy platforms while examining the underlying principles shared by expert surgeons.

The educational framework is the interdependent triad of Space, Tissue Tension, and Speed. Blunt dissection and traction–countertraction create space and expand the margin of safety for energy application. Appropriate tissue tension also creates space by facilitating tissue separation. Differential tissue tension between adjacent structures helps define and develop the intended plane, while appropriate tension accelerates tissue separation. Controlled instrument speed reduces energy dwell time and can minimize collateral thermal spread.

By comparing different approaches to the same operative challenge, participants will examine not only what expert surgeons do, but why they make particular decisions. The goal is to make the often implicit mechanical skills of surgical mastery visible, understandable, and transferable across platforms.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Describe the interdependent relationship between space, tissue tension, and speed during complex pelvic dissection; 2) Analyze how blunt dissection, traction–countertraction, and differential tissue tension facilitate plane development and expand the margin of safety; 3) Apply principles of tissue tension and instrument speed to optimize energy dwell time and minimize collateral thermal spread during ureterolysis and parametrial dissection; and 4) Compare laparoscopic and robotic dissection strategies to identify transferable mechanical principles for safe, efficient, and reproducible surgery.

COURSE OUTLINE

2:00 pm	Welcome, Introductions and Course Overview: The Mechanics of Hemostatic Dissection and the Space–Tissue Tension–Speed Triad	*W. Kondo*
2:03 pm	Narrated Video: Pelvic Sidewall Dissection and Ureterolysis: Laparoscopic Techniques and Energy Modality Selection	*M. Malzoni*
2:11 pm	Commentary on Pelvic Sidewall Dissection and Ureterolysis: Laparoscopic Techniques and Energy Modality Selection	*T. Lee*
2:14 pm	Narrated Video: Pelvic Sidewall Dissection and Ureterolysis: The Robotic Approach	*A. Advincula*
2:22 pm	Commentary on Pelvic Sidewall Dissection and Ureterolysis: The Robotic Approach	*M. Malzoni*
2:25 pm	Narrated Video: Pelvic Sidewall Dissection and Ureterolysis: Mechanical Principles Across Energy Modalities	*T. Lee*
2:33 pm	Commentary on Pelvic Sidewall Dissection and Ureterolysis: Mechanical Principles Across Energy Modalities	*W. Kondo*
2:36 pm	Narrated Video: Pelvic Sidewall Dissection and Ureterolysis: Ultrasonic and Alternative Energy Strategies	*W. Kondo*
2:44 pm	Commentary: Pelvic Sidewall Dissection and Ureterolysis: Ultrasonic and Alternative Energy Strategies	*A. Advincula*
2:47 pm	Moderated Comparative Discussion and Audience Questions	*All Faculty*
3:00 pm	Adjourn	

Panel 559

Lectures From Around the Globe: Global Voices and Smarter Systems: Accountability, Equity, and De-escalation

2:00 pm – 3:00 pm · Ballroom ABC

Moderators: *Richard Farnam, Deirdre Lum*

Faculty: *Caterina Exacoustos (SEGi, Italy), Luis F. Garcia (FEMEG, Mexico), Amani Harris (AGES, Australia and New Zealand), Sari Kives (CanSage, Canada), Akshara Shyamsunder (AGES, Australia and New Zealand)*

Perspectives from Australia, Italy, Mexico, and Canada examine how women's voices and technological progress can produce safer, more equitable, outcomes-driven care. The session connects advocacy and surgical accountability with technology-enabled therapeutic de-escalation, standardized systems, and a patient-centered model for women facing barriers to minimally invasive treatment.

Learning Objectives: *After attending this session, the participant will be able to:* 1) Explain how women's lived experiences and advocacy can shape health policy, informed consent, and outcomes measurement in endometriosis care; 2) Compare surgical coaching, video review, and borderless mentorship as mechanisms for transparency and continuous improvement; 3) Evaluate how technological innovation can support evidence-based therapeutic de-escalation and individualized treatment; and 4) Identify system-level strategies to standardize MIGS excellence and deliver equitable, respectful care to patients facing treatment barriers.

COURSE OUTLINE

2:00 pm	Welcome, Introduction and Course Overview
2:05 pm	Beyond Awareness: When Women Are Finally Heard - How Women's Voices Are Reshaping Endometriosis Care, Surgical Accountability, and Health Policy *A. Harris (AGES, Australia and New Zealand)*
2:15 pm	Would You Operate Differently If the World Were Watching? Surgical Coaching, Video Review, and Borderless Mentorship *A. Shyamsunder (AGES, Australia and New Zealand)*
2:25 pm	Technological Innovation and Therapeutic De-escalation: When Less Is Better *C. Exacoustos (SEGi, Italy)*
2:35 pm	From Expert Surgeons to Expert Systems: Standardizing Excellence in Minimally Invasive Gynecologic Surgery *L. Garcia (FEMEG, Mexico)*
2:45 pm	Beyond the Scale: Equitable, Patient-Centered Gynecologic Care for Women with Obesity and Atypical Hyperplasia or Endometrial Cancer *S. Kives (CanSage, Canada)*
2:55 pm	Discussion Questions & Answers
3:00 pm	Adjourn



Panel 556

No Fibroid Left Behind: The Science, Skill, and Significance of Complete Hysteroscopic Myomectomy

3:15 pm – 4:15 pm · Room 304 CME



Chair: *Ted L. Anderson*
Faculty: *Linda D. Bradley, Malcolm G. Munro*

Submucosal leiomyomata (FIGO 0-2) constitute approximately 25% of fibroids. However, with contributions to abnormal uterine bleeding, subfertility, and dysmenorrhea, they represent a disproportionate share of patient complaints. There is compelling evidence that residual fibroid fragments from incomplete removal increase the health care burden, resulting in additional medical interventions, hysteroscopic re-operations, or even hysterectomy to resolve clinical symptoms and address the medical, emotional, and social stressors to the patient. In this session, we discuss the clinical, cultural, and economic importance of complete submucosal fibroid removal. Recognizing there is "more than one way to skin that proverbial cat," we will describe the utility of selecting the right tools and techniques to achieve the operative imperative of "No Fibroid Left Behind."

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Recognize the clinical, emotional, and fiscal implications of incomplete removal of submucosal fibroids; 2) Describe the tools and techniques that facilitate effective hysteroscopic myomectomy; and 3) Apply the optimal surgical strategies required to achieve complete fibroid removal.

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview *T. Anderson*
3:20 pm	Your Patient Deserves Better: The Real Burden of Incomplete Hysteroscopic Myomectomy *T. Anderson*
3:35 pm	The Training Gap Stops Here: Resectoscope Mastery for Every Hysteroscopist *L. Bradley*
3:50 pm	Retrieve, Remove, Succeed: The Electromechanical Path to Zero Residual Fibroids *M. Munro*
4:05 pm	Discussion Questions & Answers
4:15 pm	Adjourn

Oral Session 3

Fertility-Preserving Surgery, Ovarian Reserve, and Complex Reproductive

3:15 pm – 4:15 pm · Room 306

Moderators: *Shana Miles, Elizabeth Pritts, Fatih Sendag*
Presenters: *Michelle A. DenAdel, Jaime A. Escarcega-Bordagaray, Kristina L. Karlson, Joo Hyun Park, Ana Clara P. Servidoni, Qiannan Yang, Ning Zhang*

This session focuses on reproductive outcomes and ovarian reserve across endometriosis, adenomyosis, cystectomy, myomectomy, pelvic pain, and complex fertility-preserving surgery.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Assess reproductive outcomes after endometriosis and fertility-preserving surgery; 2) Discuss ovarian reserve considerations in cystectomy, endometriomas, and myomectomy; and 3) Apply evidence to counseling patients with complex reproductive goals.

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview
3:20 pm	Deep Endometriosis Mapping Predicts Infertility and Ovarian Reserve in a Large Surgically Confirmed Cohort *A. Servidoni, P. Mello, C. Castel, B. Evangelista, M. Andres, H. Taylor, M. Abrão*
3:26 pm	Develop and Validate a Predictive Model for Postoperative Pregnancy Outcomes in Infertile Women With Deep Infiltrating Endometriosis *N. Zhang, K. Hua, Y. Ding, J. Qiu*
3:32 pm	Effect of Temporary Ovarian Suspension on Postoperative Ovarian Adhesions Following Butterfly Resection: A Retrospective Cohort Study *Q. Yang, X. Guan*
3:38 pm	Robotic Versus Laparoscopic Enucleation of Endometriotic Cysts With Pathological Analysis of Inadvertent Follicular Loss *J. Park*
3:44 pm	Does Endometriosis Modify in-Hospital Complications in Open Versus Minimally Invasive Myomectomy? A National Analysis *J. Escarcega-Bordagaray, P. Maghsoudlou, A. Fitzgerald, G. Namazi, L. King, M. Ajao*
3:50 pm	Incidence and Risk Factors for Chronic Pelvic Pain Syndrome in the U.S. Military: A Large Cohort Study *K. Karlson, D. Edgeworth, C. Sitler, J. White-Phillip, S. Miles*
3:56 pm	Reoperation Rates Following Surgical Management of Endometriosis: A Single Center Retrospective Cohort Study *M. DenAdel, A. DenAdel, S. Zaim, M. Dahlman, M. Loring*
4:02 pm	Discussion Questions & Answers
4:15 pm	Adjourn

Video Session 3

Endometriosis Under Pressure: Imaging, Emergencies, and Advanced Problem-Solving

3:15 pm – 4:15 pm · Room 309

Moderators: *Dmitry Fridman, Emad Mikhail, Stacey Scheib*
Presenters: *Rebecca Barbaresso, Jeremy Biro, Jessica Chaoul, Meghana Chapalamadugu, Sara Hojabri, Waleed Tawfik, Victoria E. Webber*

This session addresses difficult decisions that arise when endometriosis presents with acute bleeding, unusual imaging, extensive nerve involvement, or rapidly evolving intraoperative findings. It combines diagnostic strategy, cadaveric anatomy, hemorrhage management, nerve release, and reconstruction.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Use imaging and anatomic knowledge to anticipate complex disease; 2) Recognize and manage spontaneous or acute hemoperitoneum associated with endometriosis; 3) Apply nerve-release and reconstruction concepts in advanced cases; and 4) Develop contingency strategies when operative findings differ from expectations.

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview
3:20 pm	Spontaneous Hemoperitoneum Secondary to Endometriosis: Recognition and Management *J. Chaoul, S. Guang, S. Seaman*
3:26 pm	Seeing Beneath the Surface - the Role of Rectal Contrast During Transvaginal Ultrasound in Bowel Endometriosis *V. Webber, J. Lomboy, W. Nolan, V. Brown, R. Paya Pasic, S. Parikh*
3:32 pm	Acute Hemoperitoneum in a Patient with Suspected Endometriosis and Fibroids: Surgical Findings and Management *M. Chapalamadugu, C. Chan*
3:38 pm	Surgical Management of Deep Endometriosis Causing Hemoperitoneum *J. Biro, J. Desilets, O. Bougie*
3:44 pm	Stepwise Laparoscopic Approach for Sciatic Neurolysis and Pudendal Nerve Release *W. Tawfik, Y. Youssef, M. Soultan*
3:50 pm	Bridging the Gap: Three Surgical Techniques for Pelvic Nerve Reconstruction *S. Hojabri, S. Ardestani, J. Dada, N. Lemos*
3:56 pm	What Textbooks Don't Show - Laparoscopic Cadaver Dissection of Key Pelvic Anatomy *R. Barbaresso, S. Parikh, R. Paya Pasic, J. Hudgens*
4:02 pm	Discussion Questions & Answers
4:15 pm	Adjourn

Panel 505

Medical Optimization for Surgical Management of Endometriosis

3:15 pm – 4:15 pm · Room 312 CME



Chair: *Susan Khalil*
Faculty: *Sun-Wei Guo, Drorit Or, Ido Sirota*

This course will describe medical optimization strategies for surgical management of endometriosis. A panel discussion will include the pros and cons of using medical optimization including the benefits, limitations and how this changes surgical excision techniques for endometriosis of the uterus, adnexa, gastrointestinal tract, and genitourinary tract. Surgical video demonstrations will also be included as reference material for the panelists with voices in favor of use and against its use to present a balanced evidence-based approach for guiding the endometriosis surgeon and complex benign gynecologist. This course will help surgeons perform adaptive surgical techniques in patients exposed to GNRH agonist and antagonists, along with those with overlapping pain conditions for optimization post-surgical management.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Describe management strategies for medication optimization in conjunction with endometriosis excision surgery; 2) Identify the limitations of medication optimization in conjunction with endometriosis excision surgery, specifically gonadotropin releasing hormone (GnRH) antagonists and agonists; and 3) Perform adaptive surgical techniques in patients exposed to GnRH agonist and antagonists, including patients with overlapping pain conditions, to optimize postsurgical management using FIGO R U MOVING System for chronic pain.

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview	*S. Khalil*
3:20 pm	Medical Optimization for Surgical Management of Endometriosis and the Role of Chronic Overlapping Pain Conditions	*S. Khalil*
3:30 pm	Chronic Overlapping Pain Syndromes and the Role of Surgical Excision of Endometriosis	*I. Sirota*
3:40 pm	Surgical Excision Techniques in Pre-Treated Tissue with Endometriosis	*D. Or*
3:50 pm	Recurrence of Endometriosis and its Control	*S. Guo*
4:00 pm	Discussion Questions & Answers	
4:15 pm	Adjourn	

Debate 640

vNOTES Hysterectomy Versus Laparoscopic Hysterectomy

3:15 pm – 4:15 pm · Room 311 CME



Chair: *Alan M. Lam*
Faculty: *Jan Baekelandt, Matthew Siedhoff*

Hysterectomy, one of the most frequently performed surgical procedures worldwide, for the treatment of pathologies of the female reproductive system, can be performed traditionally by abdominal, vaginal, or laparoscopic approach.

While laparoscopic hysterectomy has established its role as a safe and effective surgical alternative to abdominal surgery, in recent years, vNOTES (vaginal natural orifice transluminal endoscopic surgery) has emerged as a potential challenger to the status quo, with enthusiastic advocates claiming superior advantages in operative efficiency, postoperative recovery, patient satisfaction and more.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Describe the surgical steps involved in vNOTES versus Laparoscopic hysterectomy; 2) Compare the evidence for and against each approach; and 3) Help patients choose the approach that best delivers safety, efficacy, benefits and optimal outcomes.

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview	*A. Lam*
3:20 pm	vNOTES Hysterectomy	*J. Baekelandt*
3:40 pm	Laparoscopic Hysterectomy	*M. Siedhoff*
4:00 pm	Discussion Questions & Answers	
4:15 pm	Adjourn	



Panel 555

From Symptoms to Surgery: Practical Neuropelveology for the MIGS Surgeon

3:15 pm – 4:15 pm · Room 310 CME





Chair: *Benoit Rabischong*
Co-Chair: *Sarah Choi*
Faculty: *Vito Chiantera, Nucelio Lemos*

This panel will provide participants with a practical introduction to neuropelveology concepts directly applicable to the modern management of endometriosis and chronic pelvic pain. Through an anatomy-driven approach, faculty will discuss how specific pain and dysfunction patterns can help identify pelvic nerve involvement and guide more accurate diagnosis of endometriosis and pelvic nerve entrapments. The session will also focus on the principles and surgical mindset required to develop nerve-sparing surgical skills in complex pelvic surgery. Advanced neuropelveology approaches to parametrial and sacral plexus endometriosis will be reviewed, emphasizing surgical anatomy, patient selection, and operative strategies aimed at maximizing disease clearance while preserving pelvic organ function.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Recognize site-specific pain and dysfunction patterns suggestive of pelvic nerve involvement in patients with endometriosis and chronic pelvic pain; 2) Describe key neuropelveology concepts relevant to the diagnosis and surgical management of pelvic nerve entrapments; 3) Identify the fundamental principles and operative strategies of nerve-sparing pelvic surgery; 4) Apply surgical approaches to parametrial and sacral plexus endometriosis, including relevant pelvic neuroanatomy and technical considerations; and 5) Apply neuropelveology-based reasoning to improve surgical planning and functional outcomes in complex endometriosis surgery.

COURSE OUTLINE

3:15 pm	Welcome, Introduction and Course Overview	*B. Rabischong*
3:20 pm	Pain and Dysfunction Patterns in Endometriosis and Pelvic Nerve Entrapments: Site-Specific Symptom Recognition for Optimal Diagnosis	*N. Lemos*
3:35 pm	How to Become a Nerve-Sparing Surgeon	*B. Rabischong*
3:50 pm	Neuropelveology Approaches to Sacral Plexus and Parametrial Endometriosis	*V. Chiantera*
4:05 pm	Discussion Questions & Answers	*S. Choi*
4:15 pm	Adjourn	

Ergonomics

Task Force Survey

Your Well-Being Matters in the OR

Visit the AAGL Ergonomics Task Force booth to participate in their survey titled:
Surgeon Preferences and Perception of Ergonomics of Laparoscopic Energy Devices.



EXHIBIT HALL

Booth 1122

Scan to take the survey

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Panel 557

Standing on the Shoulders of Giants: A Conversation with the Pioneers of MIGS

3:15 pm – 4:15 pm · Room 302 CME



Chair/Moderator: *Assia Stepanian*
Panelists: *Harry Reich, Leila Adamyan, Liselotte Mettler, Javier Magrina, Camran Nezhat, Farr Nezhat, Ceana Nezhat*

The evolution of minimally invasive gynecologic surgery was shaped by visionary surgeons who challenged established practices, introduced transformative technologies, and persevered through skepticism, obstacles, and resistance. Yet MIGS represented far more than a change in surgical access or the introduction of new operative techniques. It marked a fundamental shift in the philosophy of gynecologic surgery and women's healthcare, redefining not only how surgery is performed, but what surgery should ultimately achieve.

In this engaging fireside chat, internationally recognized pioneers– Drs. Leila Adamyan, Harry Reich, Javier Magrina, Lilo Mettler, Camran Nezhat (Farr Nezhat, and Ceana Nezhat)– will reflect on the origins and evolution of minimally invasive gynecologic surgery. Moderated by Dr. Assia Stepanian, founder of SurgeryU, the session will motivate and guide current and emerging MIGS surgeons by exploring how these leaders began their careers, the innovations and surgical advances they introduced, the barriers they encountered, and the personal qualities that helped them achieve meaningful and lasting change.

Before sharing their vision of surgeons' experiences in the future, they will walk us through their work that transformed the entire logic of surgical decision-making: how gynecologic disease is understood and classified, how indications are defined, how the appropriate extent of surgery is determined, how surgical strategy and treatment tactics are individualized, how outcomes are predicted, and how results can be standardized, measured, and critically evaluated, turning surgery from an isolated technical act into part of a structured, continuously evolving, evidence-based, and scientifically and personally enhanced continuum of care.

The discussion will highlight landmark contributions, including the expansion of minimally invasive gynecologic surgery throughout various regions of the world; the development and adoption of robotic gynecologic surgery; the international dissemination of operative laparoscopy through surgical education, scholarship, and mentorship; the advancement of video laparoscopy and endometriosis surgery; and the performance of the world's first laparoscopic hysterectomy. Together, these advances redefined the very criteria of surgical success; they enhanced the biological, functional, reproductive, psychological, and social impact of surgery and by implementing new models of surgical education, mentorship, live surgical teaching, international collaboration, and real-time dissemination of operative experience across institutions, countries, and generations.

MIGS' close relationship with Fundamental Science deepened the understanding of disease mechanisms, refined diagnoses, and provided the basis for increasingly precise and individualized surgical decisions, ensuring long-lasting surgical results, preventing complications of surgery, suppressing the development of disease and maximizing organ/tissue function. In this way, advances in MIGS opened "new horizons" of gynecologic surgery, moving the field toward a more predictive, preventive, personalized, and measurable model.

Rather than delivering individual podium presentations, the pioneers will participate in a candid and interactive discussion that encourages ideas through storytelling, reflection, and dialogue among the speakers. Their experiences will provide historical context in addressing issues that remain highly relevant to the current and emerging generation of surgeons: introducing innovation responsibly, navigating setbacks, developing mentorship networks, maintaining professional courage, and balancing technological progress with sound surgical judgment.

At its core, the legacy is not defined by a single technique, device, or surgical access, but by a philosophy: rigorous surgical judgment, scientific evidence, patient safety, preservation of function and reproductive potential, responsible innovation, measurable outcomes, education, mentorship, and the transformation of healthcare delivery– ultimately advancing both the quality of healthcare and the quality of women's lives far beyond the operating room. The session will conclude with the panelists' perspectives on the future of MIGS, the principles that should be preserved as the field continues to advance, and the responsibilities of the next generation in carrying this legacy forward.

Learning Objectives: *After attending this session, the participant will be able to:* 1) Describe the landmark innovations that transformed modern gynecologic surgery; 2) Apply enduring surgical principles developed by pioneering surgeons to contemporary practice; and 3) Identify future opportunities for innovation in minimally invasive gynecologic surgery and reproductive surgery.

COURSE OUTLINE

3:15 pm	Welcome, Introductions *A. Stepanian*
3:20 pm	Where It Began *All Faculty*
3:28 pm	Innovation and Contribution *All Faculty*
3:36 pm	Resistance, Obstacles, and Persistence *All Faculty*
3:44 pm	Lessons for the Current Generation *All Faculty*
3:52 pm	The Evolution and Future of MIGS *All Faculty*
4:00 pm	Closing *All Faculty*
4:08 pm	Discussion, Questions & Answers
4:15 pm	Adjourn



Leila Adamyan, MD

Dr. Adamyan's leadership in advancing minimally invasive gynecologic surgery throughout Russia and internationally has been grounded in the integration of fundamental research, clinical science, and surgical innovation. Her pioneering work in endometriosis, adenomyosis, congenital anomalies, and adhesions included the development of original classifications designed not simply to describe disease, but to guide diagnosis, determine the appropriate extent of surgery, and define individualized surgical approaches and treatment strategies. Building on this framework, she developed original operative techniques and patented surgical approaches (more than 50), with particular emphasis on organ- and function-preserving surgery, preservation of reproductive potential, prevention of adverse postoperative consequences, and improvement of long-term clinical and reproductive outcomes and quality of life. Beyond the operating room, she has led 60 international congresses incorporating international surgical courses and live online transmissions from operating theaters. These congresses brought together leading surgeons from around the world, including founders, pioneers, and key representatives of major international schools of minimally invasive gynecologic surgery, creating a unique platform for direct exchange between surgical traditions, real-time demonstration of advanced techniques, mentorship, and training of new generations of surgeons. Through this sustained international educational network, she has played a major role in the global dissemination and evolution of MIGS.



Javier Magrina, MD

Dr. Magrina's contributions span advanced laparoscopy, gynecologic oncology, and the early development and clinical adoption of robotic surgery in gynecology. Long before robotic platforms became widely established, he advanced laparoscopic approaches for selected gynecologic malignancies and complex pelvic surgery, helping define the role–and the limitations–of minimally invasive techniques in oncologic practice. Beginning in 2003, he was among the early gynecologic surgeons to systematically apply robotic technology, first using the Zeus system and subsequently the da Vinci platform, and contributed to the development of robotic techniques for both benign and malignant gynecologic conditions. His work included robotic approaches to endometrial and cervical cancer, complex hysterectomy and pelvic dissection, as well as advanced endometriosis and other challenging pelvic pathology, and contributed to the evaluation of feasibility, perioperative outcomes, complications, and appropriate indications for robotic surgery. Through extensive surgical practice, research, comparative evaluation of laparoscopic and robotic techniques, and the training of other surgeons, he played an important role in moving robotic gynecologic surgery from an emerging technology toward an established component of advanced minimally invasive gynecologic and oncologic surgery.



Harry Reich, MD

Dr. Reich's performance of the world's first laparoscopic hysterectomy in 1988 became one of the defining milestones in the development of advanced gynecologic laparoscopy. He was also among the early pioneers of laparoscopic excision of endometriosis, introducing laparoscopic treatment of endometriosis as early as 1978, and later expanding minimally invasive surgery to complex deep pelvic disease. His contributions included laparoscopic excision of cul-de-sac endometriosis with rectal resection and the introduction of laparoscopic pelvic lymphadenectomy for gynecologic cancer, helping extend laparoscopy from diagnostic and relatively limited procedures to major benign, oncologic, and complex pelvic surgery. His surgical philosophy emphasized excision of disease and conservative, organ-preserving surgery whenever possible, particularly in patients with endometriosis, contributing substantially to the foundations of modern advanced laparoscopic gynecologic surgery.



Camran Nezhat, MD

Dr. Nezhat's pioneering development of video-assisted operative laparoscopy and the concept of operating from the video monitor helped transform laparoscopy from a primarily diagnostic procedure into a platform for advanced minimally invasive surgery. He was an early adopter of video laparoscopy and laser technology for endometriosis, infertility, ovarian pathology, and complex pelvic disease, and helped advance minimally invasive approaches to multi-organ surgery involving the bowel and urinary tract. His contributions to gynecologic oncology, instrumentation, surgical techniques, education, and publications helped establish the foundations of modern operative laparoscopy.



Liselotte Mettler, MD

Dr. Mettler's contributions span operative laparoscopy, hysteroscopy, reproductive medicine, endometriosis, and minimally invasive gynecologic surgery. Working alongside Kurt Semm at the University of Kiel, she played a central role in the development of the Kiel School of Gynecological Endoscopy and in translating the rapidly expanding possibilities of operative laparoscopy into structured surgical practice, teaching, and international training. She contributed extensively to laparoscopic and hysteroscopic surgery, including hysterectomy, myomectomy, tubal and fertility-preserving surgery, endometriosis, and the management of pelvic adhesions, while also integrating minimally invasive surgery with her longstanding work in reproductive medicine. As an internationally recognized surgeon and educator in her own right, she helped establish and lead international laparoscopy courses in Kiel and played a major role in the global dissemination of operative endoscopy through hands-on training, publications, surgical atlases and manuals, mentorship, and leadership in international societies of gynecologic endoscopy and human reproduction. Through this combination of surgery, reproductive medicine, scholarship, and international education, she became one of the key figures connecting the pioneering era of Kurt Semm with subsequent generations of minimally invasive gynecologic surgeons.

General Session III

Sunday, November 15, 2026 | 4:30 pm – 5:45 pm | Ballroom ABC CME

4:30 pm — FAAGL Awards
Amy Garcia, MD

4:45 pm — MedTalk III
Gabrielle Whitmore, MD

4:30 pm FAAGL Awards

Amy Garcia, MD, FAAGL President

Harrith M. Hasson Scholarship
Vincent Dusingizimana, MD

Jaroslav Hulka Scholarship
Gabriela Bosmenier Cruz, MD

Daniel F. Kott Scholarship
Maria Isabel Hernandez Cardona, MD

Robert B. Hunt Best Paper Award
Antoine Netter, MD, PhD

Robert B. Hunt Best Video Award
Yannick Hurni, MD

Franklin D. Loffer Exceptional Resident Award
Tim Gemesi, MD

MedStar NCAPS Diversity Award
Leigh Ann Humphries, MD

4:45 pm MedTalk III: You Don't Know What You Don't Know: Expanding Awareness to Restore Autonomy and Access

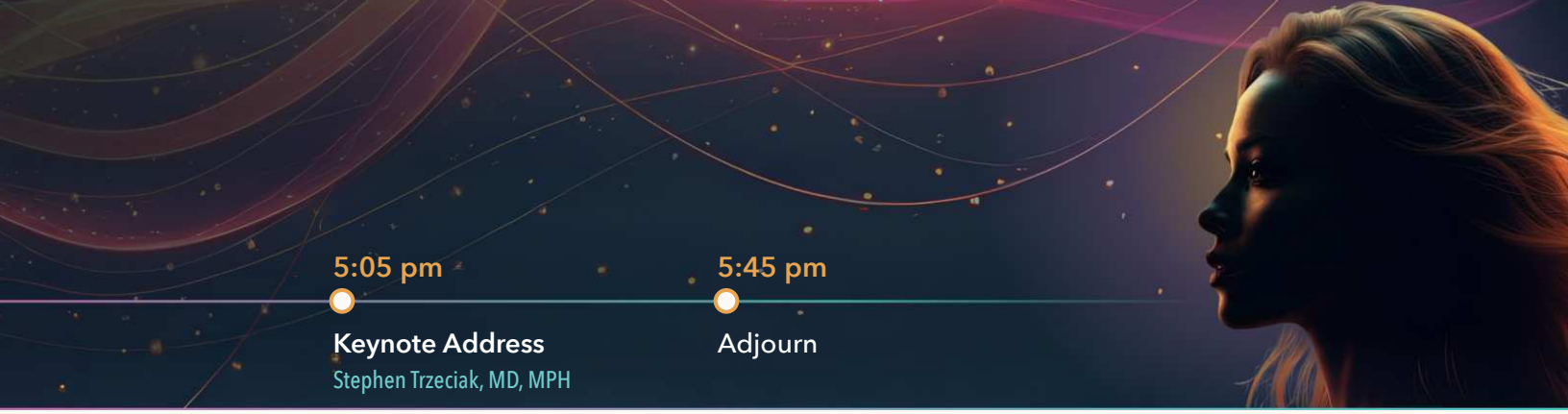


Gabrielle Whitmore, MD

Gabrielle Whitmore is a Minimally Invasive Gynecologic Surgeon at the University of Colorado, where she serves as the MIGS Rotation Assistant Program Director, Co-Director of the Center for Endometriosis and Chronic Pelvic Pain, UCH Gynecology Procedure Center Medical Director, Access and Engagement Associate Vice Chair for department of OBGYN, and the chair of the DEIJ committee for the AAGL fellowship. Dr. Whitmore has and continues to conduct research with an emphasis on disparities in patient care and medical education, and currently completing a grant with a qualitative component interviewing patients about their journey with endometriosis. She has been an invited speaker at national and international conferences and the local news, to speak about fibroid and/or endometriosis management. Her mission aims to increase awareness thus access to address reproductive concerns with an emphasis on fibroids, chronic pelvic pain, and endometriosis.

Despite advances in minimally invasive gynecologic surgery, patients with endometriosis and uterine fibroids continue to face prolonged diagnostic delays, fragmented care, and limited autonomy in treatment decision-making. A major contributor is not a lack of surgical innovation–but a lack of awareness. As clinicians, we often underestimate how much patients, referring providers, and even colleagues do not know they do not know. This talk reframes awareness as a clinical intervention. Using real-world examples, the session explores how MIGS surgeons can move beyond the exam room to become catalysts for education, advocacy, and access. Attendees will learn how to engage their local communities through patient-centered educational forums, leverage social media responsibly for evidence-based education, and build intentional partnerships with PCPs, APPs, and midwives to bridge gaps between symptom recognition and specialty care. The presentation emphasizes scalable, time-efficient approaches that are feasible for both early-career and senior faculty, whether practicing in academic centers or community settings. By improving awareness upstream, surgeons can help restore patient autonomy, shorten time to diagnosis, and ensure equitable access to high-quality gynecologic care.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Review key gaps in awareness that delay diagnosis and limit patient autonomy in endometriosis and fibroid care; 2) Apply practical strategies to engage communities through educational forums and digital platforms to improve public understanding of gynecologic disease; and 3) Strengthen referral pathways by collaborating with primary care providers (PCPs), advanced practice providers (APPs), and midwives to improve timely access to specialty care.



5:05 pm | Jordan M. Phillips Keynote Address

Compassionomics: The Revolutionary Scientific Evidence that Caring Makes a Difference



Stephen Trzeciak, MD, MPH

Stephen Trzeciak, MD, MPH is a physician scientist, the Edward D. Viner Endowed Chief of Medicine at Cooper University Health Care, and Professor and Chair of Medicine at Cooper Medical School of Rowan University in Camden, New Jersey. Dr. Trzeciak is a practicing intensivist (specialist in intensive care medicine), and a clinical researcher with 150 publications in the scientific literature. Dr. Trzeciak's publications have been featured in prominent medical journals, such as JAMA, Circulation, and The New England Journal of Medicine. His scientific program has been supported by research grants from the National Institutes of Health and the Agency for Healthcare Research and Quality, with Dr. Trzeciak serving as Principal Investigator.

Dr. Trzeciak is the co-author of Wonder Drug: 7 Scientifically Proven Ways That Serving Others Is the Best Medicine for Yourself (2022), and Compassionomics: The Revolutionary Scientific Evidence that Caring Makes a Difference (2019). His work has been featured in numerous media outlets including CNN, NPR, USA TODAY, The Washington Post, Harvard Business Review, and Freakonomics. For this work, he was awarded the Influencers of Healthcare Award by The Philadelphia Inquirer. Broadly, Dr. Trzeciak's mission is helping people see the power of compassion, kindness, and hope – through science.

Dr. Trzeciak is a graduate of the University of Notre Dame. He earned his medical degree at the University of Wisconsin-Madison, and his Master's of Public Health at the University of Illinois at Chicago. He completed his residency training at the University of Illinois at Chicago, and his fellowship in critical care medicine at Rush University Medical Center. He is a member of the Alpha Omega Alpha Medical Honor Society, and is board-certified in internal medicine, critical care medicine, and neurocritical care.

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Essentials in Minimally Invasive Gynecologic Surgery (EMIGS) is a comprehensive program designed by experts to standardize the education and assessment of MIGS knowledge and skills. The program encompasses three main components: Didactics, Cognitive, and Manual Skills.

EMIGS has been designed for residents and approved by ABOG as an additional qualifying test for graduating residents to complete prior to their ObGyn boards. Out of 313 ACGME-accredited programs, 252 are participating in EMIGS. EMIGS Pro for practicing physicians is in development and slated for launch in late 2027.

Take the Next Step. Scan the QR for Program Details.

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Gyn Awareness

Update Your GynAwareness Profile & Reach More Patients

Gynawareness is AAGL's website for patients, and its specialist directory helps them find you.

AAGL Portrait Studio, Booth #100

Saturday, November 14
6:00 pm – 8:00 pm

Sunday & Monday, November 15–16
8:00 am – 10:00 am and 12:00 pm – 2:00 pm

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AAGL

Advances in Gynecologic Endoscopic Surgery: Perspectives from China

6:30 am – 8:30 am • Room 208 Beijing: 7:30 pm – 9:30 pm



Xiaoming Guan, MD, PhD
Chair



Peter C. Lim, MD
Chair



Chongdong Liu, MD
Chair

Faculty: Peter Lim, Ying Zheng, Xiang Xue, Chunhua Zhang, Guizhu Wu, Qionghua Chen, Yan Ding, Jun Wang, Chang Liu, Dan Zi

Moderators: Chang Liu, Fong Wai Ieng, Yan Li, Dan Zi

This session will showcase contemporary advances in robotic gynecologic surgery through the experience of leading surgeons from China and international collaborators. Focused lectures and surgical videos will demonstrate how evolving robotic technologies, novel access strategies, and precision surgical techniques are expanding minimally invasive treatment options for complex benign gynecologic disease, deep infiltrating endometriosis, gynecologic oncology, pelvic floor disorders, and congenital Müllerian anomalies.

Faculty will present advanced robotic approaches to deep infiltrating endometriosis, with emphasis on complex pelvic anatomy, bowel involvement, ureteral dissection, and nerve- and organ-preserving surgery. The program will also address strategies to enhance oncologic safety during robotic single-site surgery for cervical cancer, including tumor containment and minimization of tumor exposure. Emerging technologies will be highlighted through presentations on robotic telesurgery, robotic vNOTES, and evolving Chinese single-port robotic platforms.

A series of focused surgical videos will illustrate challenging and innovative applications of robotic surgery, including single-port sacrocolpopexy, precision bowel endometriosis excision, fertility-preserving adenomyomectomy with reversible uterine artery occlusion, reconstructive metroplasty for a unicornuate uterus with a functional noncommunicating horn, extensive retroperitoneal lymph node involvement by endometriosis, and single-port robotic hysterectomy for a giant uterus.

By integrating surgical strategy, advanced anatomy, emerging technology, and complex case management, this session will provide a practical and forward-looking perspective on how robotic surgery can enhance precision, preserve organ function, extend the boundaries of minimally invasive surgery, and facilitate innovation and international collaboration in gynecologic surgery.

Learning Objectives: *At the conclusion of this session, participants will be able to:* 1) Apply advanced robotic surgical principles to complex gynecologic disease, including deep infiltrating endometriosis involving the bowel, ureter, pelvic sidewall, retroperitoneum, and pelvic nerves, with emphasis on precision dissection and organ- and nerve-preserving strategies; 2) Evaluate innovative robotic approaches that expand minimally invasive access and surgical capability, including robotic vNOTES, single-port and single-site surgery, robotic telesurgery, and emerging Chinese robotic platforms for hysterectomy, pelvic reconstruction, and complex gynecologic procedures; 3) Describe fertility-, function-, and safety-preserving robotic strategies for challenging gynecologic conditions, including reversible uterine artery occlusion during adenomyomectomy, reconstructive metroplasty for Müllerian anomalies, pelvic floor reconstruction, and oncologic techniques designed to minimize tumor exposure and 4) Assess how robotic technology can extend the boundaries of minimally invasive gynecologic surgery in uncommon and highly complex clinical scenarios, including extensive retroperitoneal endometriosis, bowel deep endometriosis, giant uteri, and congenital uterine anomalies, while recognizing opportunities for future technological development and international collaboration.

COURSE OUTLINE

6:30 am	Welcome and Introductions C. Liu Moderator: X. Guan
6:35 am	Robotic Surgery for Deep Infiltrating Endometriosis: Precision in Complex Pelvic Anatomy P. Lim Moderator: F. Ieng
6:50 am	Enhancing Oncologic Safety and Surgical Precision in Cervical Cancer With Robotic Single-Site Surgery Y. Zheng Moderator: C. Liu
7:05 am	Chinese Telesurgery in Gynecology X. Xue Moderator: Y. Li
7:20 am	Robotic vNOTES: Expanding the Boundaries of Minimally Invasive Gynecologic Surgery C. Zhang Moderator: D. Zi
7:35 am	ShuRui SP Transumbilical Sacrocolpopexy G. Wu Moderator: F. Ieng
7:41 am	Da Vinci Robotic Resection of Bowel DIE Q. Chen Moderator: C. Liu
7:47 am	Robotic-Assisted Resection of Adenomyoma Lesions With Reversible Bilateral Uterine Artery Occlusion J. Wang Moderator: Y. Li
7:53 am	Robot-Assisted Laparoscopic Metroplasty for Unicornuate Uterus With a Functional Noncommunicating Horn Y. Ding Moderator: D. Zi
7:59 am	Endometriosis Widely Involving Retroperitoneal Lymph Nodes: Rare Systemic Disseminated Manifestations C. Liu Moderator: F. Ieng
8:05 am	Step by Step Hysterectomy by Robotic Transvaginal Natural Orifice Endoscopic Surgery D. Zi Moderator: C. Liu
8:11 am	Expert Panel Discussion: The Future of Robotic Gynecologic Surgery All Faculty Moderator: Y. Li
8:25 am	Closing Remarks and Take-Home Messages X. Guan Moderator: D. Zi
8:30 am	Adjourn



EXHIBIT HALL

Experience Theaters

1 Theater 1

2 Theater 2

8:30 am – 9:15 am

Hologic

Advancing Fibroid Care with Sonata® Transcervical RFA: Clinical Insights Moving the Field Forward

Drawing on experience from more than 250 Sonata procedures, Dr. Leslie Hansen Lindner will share lessons learned in patient selection, procedural strategy, and achieving optimal outcomes. Through case-based discussion and clinical pearls, this session examines how transcervical RFA is influencing treatment algorithms and expanding minimally invasive options for women with symptomatic fibroids.

Speaker:
Leslie Hansen Lindner, MD, FACOG
Charlotte OB GYN Associates
Atrium Health
Charlotte, North Carolina

Johnson & Johnson MedTech

8:30 am – 9:15 am

Mastering Surgical Decisions: Elevating critical thinking in complex gynecologic procedures.

This live educational event is designed for practicing OBGYN surgeons facing increasingly complex surgical scenarios. Through expert-led discussion and short case based learning, participants will sharpen their clinical judgment and strengthen intra-operative decision making to optimize patient outcomes with primary focus on the safe and effective use of company products.

Speakers:
Jon Black, MD The Center for Gynecologic Oncology HCA Florida Healthcare
Susan Khalil, MD Asst Professor Obstetrics, Gynecology and Reproductive Science Mt Sinai

12:30 pm – 1:15 pm



Distalmotion

12:30 pm – 1:15 pm

Two Surgeons, Two Continents: Clinical Evidence and Experience with DEXTER

Hear from two GYN surgeons across two continents as they share their clinical experiences with the DEXTER® Robotic Surgery System. Explore real-world insights, clinical evidence, and perspectives on outpatient robotic surgery with DEXTER.

Speakers:
Prof. Michael Mueller, MD from Inselspital
Erica Stockwell, DO, MBA, GYN Surgeon, AdventHealth Celebration

General Session IV

Monday, November 16, 2026 | 9:30 am – 12:35 pm | Ballroom ABC CME

9:30 am — Act I: Understanding the Disease

10:22 am — Act II: Decision Making Across the Lifespan

11:27 am — Act III: Living with the Disease

GYNAWARENESS WOMEN'S HEALTH FORUM

Endometriosis Across the Lifespan: Awareness, Access, Autonomy & Outcomes



Nash S. Moawad, MD, MS
Chair

Faculty: Philippa Bridge-Cook, Jorge F. Carrillo, Shannon Cohn, Pauline de Corte, Lisa Eggebrecht, Jon I. Einarsson, Leigh A. Humphries, Ted T. Lee, Michelle Louie, Asha B. McClurg, Ricardo M.A. Pereira, Savannah Regensburger, Juan Diego Villegas-Echeverri, Lori B. Waxenberg

Moderators: Suzie As-Sanie, Megan Wasson

For the first time in the history of the AAGL Global Congress, patients and surgeons will come together on the Main Stage to share experiences, challenges, innovations, and solutions in the care of endometriosis and complex pelvic pain disorders. This groundbreaking patient-centered session is designed to foster meaningful dialogue between patients, surgeons, multidisciplinary clinicians, and advocates while maintaining the scientific rigor and educational excellence that defines the AAGL. Through expert presentations, multidisciplinary discussion panels, live audience Q&A sessions, and powerful patient story videos, participants will explore barriers to diagnosis and treatment, advances in multidisciplinary care, and opportunities to improve awareness, access, outcomes, and autonomy for women worldwide. By bringing the patient voice directly into the Congress, this session aims to strengthen collaboration, empathy, and shared understanding between those delivering care and those living with these conditions.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Describe the lived experience of patients with endometriosis and chronic pelvic pain through direct dialogue with patients, surgeons, and multidisciplinary experts; 2) Examine emerging strategies to improve diagnosis, access to care, surgical outcomes, and long-term quality of life for women with pelvic pain disorders; and 3) Foster meaningful collaboration between patients, clinicians, advocates, and healthcare systems to shape the future of endometriosis care together.


Philippa Bridge-Cook, PhD


Jorge F. Carrillo, MD, MHPE


Shannon Cohn, JD


Pauline de Corte, MD


Lisa Eggebrecht, PhD


Jon I. Einarsson, MD, PhD, MPH

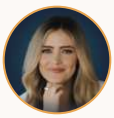

Leigh A. Humphries, MD


Ted T. Lee, MD


Michelle Louie, MD, MSCR


Asha B. McClurg, MD


Ricardo M.A. Pereira, MD


Savannah Regensburger, MS, MBA, CNS

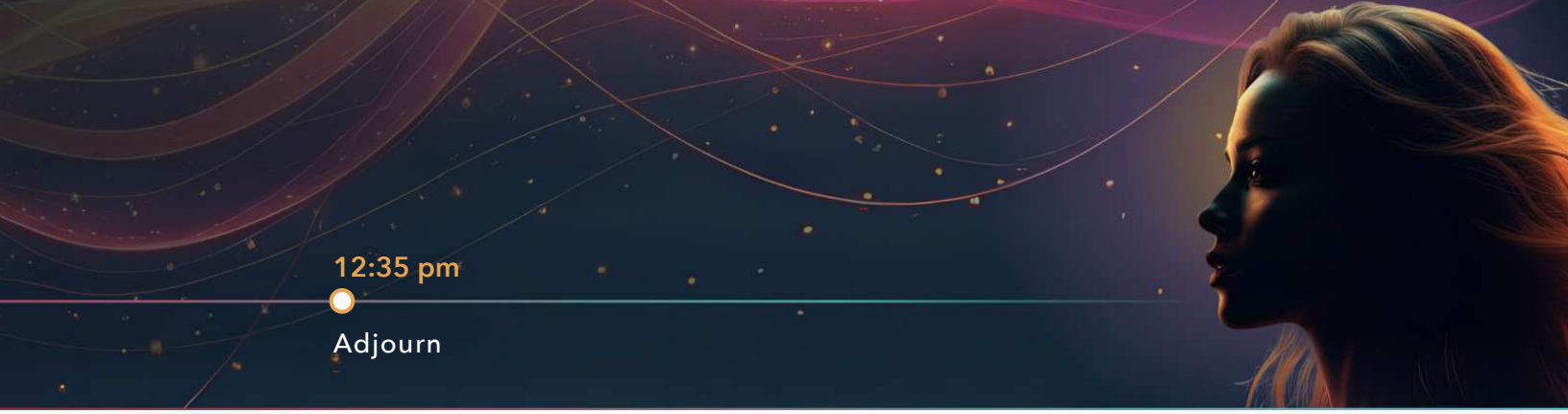

Juan Diego Villegas-Echeverri, MD


Lori B. Waxenberg, PhD


Suzie As-Sanie, MD, MPH
Moderator


Megan Wasson, DO
Moderator

MONDAY



12:35 pm

Adjourn

COURSE OUTLINE

ACT I: UNDERSTANDING THE DISEASE

9:30 am	▶ Patient Video: Why This Session Exists
9:32 am	Endometriosis Beyond Lesions: Caring for the Whole Patient *N. Moawad*
9:35 am	Seeing the Disease - A Patient-Oriented Anatomical Atlas: What's Really Happening Inside the Pelvis *R. Pereira*
9:45 am	What Patients Actually Experience - Real-World Data, Symptoms & Quality of Life – The LIDEA Registry *P. de Corte and L. Eggebrecht*
9:55 am	▶ Patient Video: The Invisible Disease
9:57 am	Laparoscopic Excision of Endometriosis – Spectrum of Procedures, Options and Outcomes (Pain and Fertility Outcomes, Complications, Recurrence, Reoperation) *J. Einarsson*
10:12 am	*Comfort Break*

ACT II: DECISION MAKING ACROSS THE LIFESPAN

10:22 am	Introduction *N. Moawad*
10:23 am	Lifespan Based Care - From Adolescence to Menopause *M. Louie and A. McClurg*
10:35 am	Beyond Surgery: Lifestyle & Adjuncts: What the Evidence Actually Says - And What Doesn't Work *L. Humphries*
10:45 am	Nutrition & Endometriosis - Eating for Endometriosis: Evidence-Based Dietary Modifications, Anti-Inflammatory Approaches & Fad Diets Debunked *S. Regensburger*
10:57 am	Shared Decision-Making Panel: Aligning Treatment with Patient Goals: Pain, Fertility, Function & Quality of Life *S. Cohn, P. Bridge-Cook, J. Einarsson, M. Louie, and S. Regensburger* *Moderator: M. Wasson*
11:17 am	*Comfort Break*

ACT III: LIVING WITH THE DISEASE

11:27 am	Introduction *N. Moawad*
11:28 am	▶ Patient Video: When Treatment Isn't Enough
11:30 am	When the Calendar Predicts Pain: Breaking the Cycle of Anticipation, Anxiety, and Endometriosis *L. Waxenberg*
11:42 am	Why Surgery Isn't Enough? Persistent Pain After Treatment *J. Villegas-Echeverri and J. Carrillo* *Moderator: S. As-Sanie*
11:57 am	▶ Patient Video: What I Want You to Know
12:00 pm	Building Better Endometriosis Care: The Endometriosis Care Quality Collaborative *T. Lee*
12:10 pm	Questions and Answers *S. As-Sanie, J. Carrillo, T. Lee, J. Villegas-Echeverri, L. Waxenberg* *Moderator: M. Wasson*
12:30 pm	Closing: A Shared Beginning–Improving Endometriosis Care Together *N. Moawad*
12:35 pm	Adjourn

Surgical Tutorial 414

Evidence-Based Decision-Making and Surgical Strategies for Apical Prolapse Repair: Improving Outcomes Through Technique, Judgment, and Standardization

10:30 am – 11:30 am · Room 312 CME



Chair: *Sara Karbage*

Faculty: *Andreisa Paiva Monteiro Bilhar, Luiz Gustavo Oliveira Brito*

Apical prolapse represents a critical determinant of long-term pelvic floor outcomes, directly impacting symptom recurrence, quality of life, and the success of reconstructive pelvic surgery. Despite advances in minimally invasive approaches, significant variability persists in patient selection, surgical planning, and intraoperative decision-making, contributing to heterogeneous outcomes. This Surgical Tutorial is designed to move beyond procedural demonstration and focus on evidence-based judgment, decision-making, and surgical strategy in the management of apical prolapse. Through structured discussions and real-world surgical scenarios, faculty will address patient-centered evaluation, selection of surgical approach, and technique standardization aimed at optimizing functional outcomes and reducing recurrence and complications. The course integrates current evidence, anatomical principles, and practical surgical insights to improve timely access to high-quality, minimally invasive care for women with pelvic organ prolapse, aligning surgical excellence with outcomes-driven practice.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Apply evidence-based criteria to select appropriate candidates for surgical correction of apical prolapse, emphasizing patient-centered outcomes; 2) Compare minimally invasive surgical approaches for apical prolapse repair based on anatomical findings, comorbidities, and functional goals; 3) Implement standardized surgical strategies to reduce variability, minimize complications, and improve long-term prolapse outcomes; and 4) Integrate outcome-focused metrics into clinical practice to improve quality of care and patient autonomy.

COURSE OUTLINE

10:30 am	Welcome, Introduction and Course Overview *S. Karbage*
10:35 am	Framework for Decision-Making In Apical Prolapse *S. Karbage*
10:50 am	Minimally Invasive Surgical Techniques and Standardization *A. Paiva Monteiro Bilhar*
11:05 am	Managing Complexity and Optimizing Outcomes *L. Oliveira Brito*
11:20 am	Discussion Questions & Answers
11:30 am	Adjourn

Oral Session 4

Perioperative Safety, Optimization, and System-Level Surgical

10:30 am – 11:30 am · Room 304

Moderators: *Jay Berman, Mark Dassel, Fariba Mohtashami*

Presenters: *Maria C. Cusimano, Jessica Dai, Sara Hojabri, Sue Junn, Grace Lee, Sydney L. Olson, Natalie Wickenheisser*

This session addresses perioperative optimization, surgeon well-being, recovery, environmental impact, and long-term safety across minimally invasive gynecologic surgery. The talks span patient-level and system-level interventions that can improve care before, during, and after surgery.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Identify strategies that improve perioperative recovery and safety; 2) Discuss patient and surgeon factors affecting surgical outcomes; and 3) Evaluate system-level measures including sustainability, length of stay, and long-term morbidity.

COURSE OUTLINE

10:30 am	Welcome, Introduction and Course Overview
10:35 am	Association Between Opioid Use Disorder and Hysterectomy Outcomes: A Retrospective Cohort Study. *N. Wickenheisser, T. Truong, S. Unnithan, E. Myers, S. Lim*
10:41 am	Birth Outcomes After Non-Obstetric Abdominal Surgery in Pregnancy *G. Lee*
10:47 am	Reducing PACU Length of Stay After Minimally Invasive Benign Gynecologic Surgery: A Quality Improvement Initiative *S. Junn, C. Hu, M. Nguyen, F. Seifi, D. Herdt*
10:53 am	Carbon Footprint of Minimally Invasive Myomectomy: A Life Cycle Assessment Comparing Laparoscopic and Robotic Approaches *S. Olson, A. Frost, H. Wu, K. Simpson, K. Patzkowsky, M. Borahay, K. Wang*
10:59 am	Impact of Microbreaks on Surgeon Pain, Physiologic Stress, Perceived Workload, and Mechanical Pain Sensitivity in Laparoscopic Surgery *J. Dai, K. Hellman, F. Tu, S. Senapati*
11:05 am	Low Pressure Trial: Laparoscopic Optimization With Pressure Reduction–Effects on Shoulder Tip Pain, Surgical Outcomes, and Recovery *S. Hojabri, S. Ardestani, O. Carere, C. Vizena, V. Wong, R. Brull, D. Flamer, M. Sobel*
11:11 am	Association of Bilateral Salpingo-Oophorectomy With Long-Term Morbidity in Women of Postmenopausal Age *M. Cusimano, R. Moineddin, L. Gien, D. Thiruchelvam, E. Gagliardi, C. Johnson, S. Ferguson*
11:17 am	Discussion Questions & Answers
11:30 am	Adjourn

Oral Session 5

Endometriosis Biology, Pain, Fertility, and Long-Term Risk

10:30 am – 11:30 am · Room 306

Moderators: *Leila Adamyan, Tatnai Burnett, Afchine Fazel*

Presenters: *Adeline Y. Chin, Gil Dubernard, Natassia M. Dunn, Richard Hsu, Waldir Inacio Jr., Siddhi Mathur, Assia A. Stepanian*

This session explores endometriosis beyond the operating room by examining molecular biology, pain phenotyping, comorbidities, fertility impact, diagnosis timing, cancer risk, and financial toxicity.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Describe emerging molecular and translational insights in endometriosis; 2) Assess how pain, comorbidities, and financial toxicity shape patient outcomes; 3) Evaluate fertility and long-term health implications of endometriosis diagnosis and treatment.

COURSE OUTLINE

10:30 am	Welcome, Introduction and Course Overview
10:32 am	Molecular Insights Into Endometriosis: A Study of Gene Expression *J. Borgerding, N. Dunn, J. Lang, N. Yask, Z. Chen, T. Kalir, T. Martin, A. Horowitz, C. Ascher-Walsh, S. Kim-Schulze, S. Khalil*
10:38 am	The Hidden Burden: Connective Tissue, Mast Cell, and Autoimmune Comorbidities Cluster in POTS With Endometriosis *A. Chin, R. Rilinger, P. Leboit, M. Levine, A. Nowacki, A. Brant, C. Cameron, A. Gubbels, R. Wilson*
10:44 am	Cost-Effectiveness of Early Versus Delayed Endometriosis Diagnosis: A Markov Decision Model Analysis *R. Hsu, E. Han, E. Banks, K. Denny*
10:50 am	Somatic Mutations in Endometriosis Lesions and Endometrium: Narrative Review *L. Adamyan, L. Pivazyan, K. Mailova, M. Kuznetsova, D. Trofimov, A. Stepanian*
10:56 am	Are Patients With Endometriosis at an Increased Risk for Gynecologic Malignancy? *S. Mathur, R. Sutradhar, N. Baxter, N. Liu, N. Sule, O. Bougie, G. Bouchard-Fortier, A. Simpson*
11:02 am	The Cost of Care: Financial Toxicity Among Patients With Endometriosis *A. Lalla, C. Bald, E. Pobezinskaya, E. Jorgensen*
11:08 am	Effect of Laparoscopic Surgical Treatment of Endometriosis on Spontaneous Pregnancy Outcomes in Infertile Women: A Meta-Analysis *W. Inacio, M. Lemos, S. Leite, E. Rodrigues, Y. Youssef, C. King*
11:14 am	HIFU Treatment of Rectal Endometriosis: Short- and Long-Term Results of a Double-Blind Randomised Trial Versus Sham Procedures *G. Dubernard*
11:20 am	Discussion Questions & Answers
11:30 am	Adjourn

MONDAY

Oral Session 6

Oncology, Equity, Access, and Value in Minimally Invasive Gynecology

10:30 am – 11:30 am · Room 309

Moderators: *Vaagn Andikyan, Diana Encalada-Soto, Ricardo Estape*

Presenters: *Jaime A. Escarcega-Bordagaray, Jhoniel Perez-Perez, Alejandro Ramirez-Padilla*

This session explores equity, access, surgical route, reimbursement, and oncologic outcomes in minimally invasive gynecology. The talks connect healthcare delivery, disparities, advocacy, and cancer-related surgical outcomes.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Describe disparities and access barriers in minimally invasive gynecologic surgery; 2) Evaluate oncologic outcomes related to surgical approach and 3) Discuss reimbursement and policy factors influencing access to care.

COURSE OUTLINE

10:30 am	Welcome, Introduction and Course Overview
10:35 am	Insurance-Based Disparities in Minimally Invasive Gynecologic Surgery: A Retrospective Cohort Study *J. Perez-Perez, A. Ramirez-Padilla, A. Rodriguez, A. Castañer-Colberg, A. Escobar, P. Escobar Rodriguez*
10:41 am	Surgical Disparities in Endometrial Cancer Among Hispanics in Puerto Rico After Sequential Healthcare Disruptions *A. Ramirez-Padilla, J. Perez-Perez, A. Rodriguez, A. Castañer-Colberg, A. Escobar, P. Escobar Rodriguez*
10:47 am	Fellow Self-Assessment of Cervical Injection and Sentinel Node Mapping in Minimally Invasive Surgery for Gynecologic Cancer *A. Mercier, T. Gopal, A. Saini, K. Zakashansky, S. Holtzman*
10:53 am	Association of Neighborhood Disadvantage With Access to Minimally Invasive Gynecologic Surgery *N. Feinberg, K. Mori, W. Munoz Orozco, M. Hacker, T. Gallant, E. Parent*
10:59 am	National Differences in Charges and in-Hospital Complications by Surgical Route for Hysterectomy *J. Escarcega-Bordagaray, P. Maghsoudlou, A. Fitzgerald, G. Namazi, L. King, M. Ajao*
11:05 am	Reimbursement: Physician Advocacy to Drive Change *L. King, B. Joreitz, V. Desai, A. McClurg*
11:11 am	Discussion Questions & Answers
11:30 am	Adjourn

Video Session 4

Neuropelveology: Nerve Mapping, Decompression, and Functional Recovery

10:30 am – 11:30 am · Room 311

Moderators: *Adrian Balica, Khashayar Shakiba, Taner Usta*

Presenters: *Michelle Cao, Igor Chiminacio, Jade Desilets, Jasmin Ghanbari, Bruno S. Lippe, Ibrahim Yalcin*

This session explores pelvic nerve pathology through cases involving the sciatic, pudendal, obturator, and gluteal neurovascular regions. Videos emphasize mapping, exposure, decompression, neurolysis, fluorescence guidance, and recovery of neurologic function.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Recognize pelvic nerve anatomy and common sites of entrapment; 2) Apply safe exposure and neurolysis techniques around major pelvic nerves; 3) Use fluorescence or anatomic mapping to improve lesion identification; and 4) Relate operative decompression to pain and neurologic recovery.

COURSE OUTLINE

10:30 am	Welcome, Introduction and Course Overview
10:35 am	ICG Fluorescence Mapping in Sciatic Schwannoma Excision *I. Yalcin, H. Kula, R. Gumus, C. Altay, S. Kurt, D. Palumbo*
10:41 am	Sciatic Nerve Endometriosis *J. Desilets, N. Lemos, M. Kuster Uyeda*
10:47 am	When Vessel Hurt: Vascular Compression of Sciatic Nerve and Sacral Roots - a Neuropelveologic Approach *P. Ayroza Ribeiro, B. Lippe, I. Lippe, M. Leaes, G. Rodrigues, H. Salomão*
10:53 am	Pelvic and Diaphragmatic Endometriosis: Neurological Recovery After En-Bloc Excision and Nerve Release in a Young Patient *I. Chiminacio, C. Obrzut, J. Petry, G. Benfatti, H. Sabadin*
10:59 am	Laparoscopic Approach to External Iliac Vessels and Obturator Nerve Endometriosis *J. Desilets, N. Lemos*
11:05 am	Superior Gluteal Vein Entrapment: Targeted Surgical Decompression For Aberrant Anatomy *M. Cao, T. Seckin, H. Kula, T. Seckin*
11:11 am	Robotic Pudendal Nerve Decompression: A Safe and Reproducible Medial Approach *Y. Youssef, J. Ghanbari, G. Moawad*
11:17 am	Discussion Questions & Answers
11:30 am	Adjourn

Video Session 5

Pelvic Floor and Vaginal Reconstruction: Anatomy, Support, and Challenging Access

10:30 am – 11:30 am · Room 302

Moderators: *Bruce Kahn, Kristina Karlson, Ralph Turner*

Presenters: *Kerac N. Falk, Megan McCracken, Manuel Merida, Elizabeth Miazga, Ashley B. Parker*

This session integrates pelvic-support surgery, continence anatomy, vaginal reconstruction, and difficult pelvic entry. It emphasizes preservation of function, anatomic landmarks, and adaptable techniques for prolapse, congenital renal anatomy, hernia, vaginal obliteration, uterine inversion, and pediatric outflow obstruction.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Identify anatomic landmarks relevant to prolapse and continence procedures; 2) Adapt pelvic reconstructive surgery to congenital or distorted anatomy; 3) Develop safe planes when vaginal entry or pelvic access is compromised; and 4) Select uterus-preserving and function-preserving reconstructive strategies.

COURSE OUTLINE

10:30 am	Welcome, Introduction and Course Overview
10:35 am	Simplifying POP Repair: How Uterine-Preserving Lateral Uterine Suspension Offers Low-Complication Repair for All Surgeons *M. Merida, V. Pintar, M. Sarquis, S. Ahmad*
10:41 am	Stepwise Approach to Robotic Sacrocolpopexy With Congenital Pelvic Kidney *K. Falk, M. Irish*
10:47 am	The Anatomy of the Mid-Urethral Sling *G. Gill, G. Pio, A. Kanee, A. Li, J. Hermenegildo, K. Rogers, C. Wade, E. Miazga*
10:53 am	A Case of an Ovary Herniated Into the Inguinal Canal Managed With Oophorectomy and Hernia Repair With Mesh *H. Light-Olson, T. Ito, J. Kim, W. Zhang, C. Lebares*
10:59 am	Laparoscopic Management of Chronic Uterine Inversion *A. Parker, A. Meade, N. Hopkins-Kotb, A. Fitzgerald, G. Namazi*
11:05 am	Pneumovaginoscopic Resection of Vaginal Septum in a Pediatric Patient With Obstructed Hemi-Vagina and Ipsilateral Renal Anomaly Syndrome *M. McCracken, O. Kciuk, N. Tyson, M. Sumida*
11:11 am	Discussion Questions & Answers
11:30 am	Adjourn

Oral Session 7

Robotic, vNOTES, and Novel Access Approaches in Gynecologic Surgery

11:35 am – 12:35 pm · Room 312

Moderators: *Sami Kilic, Jaden Kohn, Veronica Lerner*

Presenters: *Buse Can, Zachary J. Connerton, Ricardo Estape, Ana Clara P. Servidoni, Andrea Stuart, Qiannan Yang*

This session compares evolving operative platforms and access routes, including robotic, single-port, and vNOTES approaches. The presentations emphasize patient selection, comparative outcomes, ovarian preservation, oncologic feasibility, intraoperative imaging, and adoption of new systems.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Compare outcomes across robotic, laparoscopic, vNOTES, and single-port approaches; 2) Describe emerging robotic and access-platform innovations; and 3) Assess how surgical route selection affects feasibility and outcomes.

COURSE OUTLINE

11:35 am	Welcome, Introduction and Course Overview
11:40 am	Less Time, Fewer Complications: vNOTES Versus Laparoscopic and Robotic Hysterectomy for Large Uteri *J. Wagenius, J. Baekelandt, K. Källen, A. Stuart*
11:46 am	Robotic Single-Port vNOTES Versus Robotic Xi Single-Incision Transumbilical Hysterectomy for Early-Stage Endometriosis *Q. Yang, X. Guan*
11:52 am	vNOTES Vs. Laparoscopic Sentinel Lymph Node Dissection in Early Endometrial Cancer: A Systematic Review and Meta-Analysis *O. Karadeniz, G. Koyan Karadeniz, B. Can, M. Soltani, E. Kar*
11:58 am	A Novel Miniaturized Robotic Assisted Surgery System in Hysterectomy: A Prospective, Investigational Device Exemption Clinical Trial *R. Estape, G. Heidrick, J. Dubuisson, T. Martin, P. Hinoul, T. Erickson, N. Gomez*
12:04 pm	Comparison of vNOTES Versus Vaginal Hysterectomy for Successful Planned Bilateral Salpingo-Oophorectomy: A Retrospective Cohort Study *Z. Connerton, E. Brunette, E. Gruber, E. Huq, E. Abdulraheem, M. Shu, A. Eddib, H. Reyes*
12:10 pm	Trans-Serosal Intraoperative Ultrasonography Maximizes Leiomyoma Detection in Robotic Myomectomy *J. Park, K. Eoh*
12:16 pm	Effect of Robotic Versus Laparoscopic Ovarian Cystectomy on Ovarian Reserve in Women With Ovarian Cysts: A Systematic Review and Meta-Analysis *E. Rodrigues, A. Servidoni, B. Armstrong, H. Pereira, R. de Azevedo, C. Nakayama, M. Sarquis, P. dos Santos, M. Andres, M. Abrão*
12:22 pm	Discussion Questions & Answers
12:35 pm	Adjourn

Oral Session 8

Education, Training, Simulation, and Scholarly Impact in Complex Benign Gynecology

11:35 am – 12:35 pm · Room 309

Moderators: *Lina Antoun, Amy Broach, Stephanie Kass*

Presenters: *Richard Hsu, Megan Mays, Luciana Pardini Chamie, Shai Ram, Gabrielle T. Whitmore*

This session examines how MIGS and complex benign gynecology are taught, assessed, disseminated, and translated into practice, including simulation labs, ultrasound curricula, scholarly productivity, AI-assisted decision-making, and office hysteroscopy trends.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Discuss approaches to training and assessing MIGS learners; 2) Evaluate scholarly impact and dissemination in complex benign gynecology; and 3) Identify how AI and educational design can support patients and clinicians.

COURSE OUTLINE

11:35 am	Welcome, Introduction and Course Overview
11:40 am	Scholarly Contributions in Complex Benign Gynecology: A Bibliometric Analysis of US Authorship in Focused Literature, 2015-2025 *R. Hsu, S. Kass, K. Karlson, A. Lalla, M. Vargas, M. Truong*
11:46 am	Variation, Standardization, and Transparency Across CBGF Program Simulation Labs *D. Mand, D. Encalada Soto, I. Green*
11:52 am	A Comparison Between Expert Gynecologic Decision Making to Large Language Model Recommendations for the Management of Endometriosis *S. Ram, O. Regev, R. Berkovitz Shperling, L. Maltz Yacobi, Y. Gil, I. Levin, A. Cohen*
11:58 am	From Probe to O.R.: Standardizing Ultrasound Competency in MIGS/CBG Fellowship Through a Structured 24-Month Curriculum *H. Palin, C. Shadowen, L. Siewertsz van Reesema, J. Hudgens*
12:04 pm	Beyond the Podium: Publication Rates and Predictors of Success for Presentations at the AAGL Global Congress 2018-2023 *G. Whitmore, J. McQuaid, M. Orlando, J. Tam, T. Muffly*
12:10 pm	Temporal and Geographic Trends in Office Hysteroscopy Over Eight Years *E. Pandolfi, M. Mays*
12:16 pm	Impact of Specialized Training on the Detection of Endometriosis in Routine Transvaginal Ultrasound: A Retrospective Study *L. Pardini Chamie, M. Lauar*
12:22 pm	Discussion Questions & Answers
12:35 pm	Adjourn

Video Session 6

Fertility-Preserving and Pregnancy-Related Surgery: Precision Guidance and Ovarian Conservation

11:35 am – 12:35 pm · Room 311

Moderators: *G. David Adamson, Aileen Caceres, Siddhi Mathur*

Presenters: *Anne Bocage, Lauren Clarfield, Leah Drost, Erika Gail G. Hernandez, Pavan Mann, Chris Vizena, Stephanie Zhu*

This session brings together minimally invasive techniques used during pregnancy or in patients prioritizing fertility and ovarian preservation. Presentations include ovarian ectopic surgery, cesarean-scar pregnancy, torsion, transabdominal cerclage, ovarian tissue cryopreservation, rare ovarian location, and ultrasound-guided adnexal surgery.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Apply tissue-conserving techniques in ovarian and pregnancy-related surgery; 2) Use intraoperative ultrasound to improve localization and limit tissue injury; 3) Plan minimally invasive management of cesarean-scar pregnancy and torsion; and 4) Incorporate ovarian tissue preservation into appropriate surgical care.

COURSE OUTLINE

11:35 am	Welcome, Introduction and Course Overview
11:40 am	Blood-Conserving Techniques for Ovarian Ectopic Wedge Resection *L. Clarfield, J. Desilets, L. Diamond, M. Solnik*
11:46 am	Laparoscopic Intra-Abdominal Ultrasound Guidance in Cesarean Scar Ectopic Management *P. Mann, T. Lombardi*
11:52 am	One Incision, Intact Extraction: Surgical Approach to a Cesarean Scar Ectopic Pregnancy *C. Williams, S. Schultz, A. Bocage, M. Hotz, P. Teefey*
11:58 am	Laparoscopic Management of Adnexal Torsion in Pregnancy *L. Drost, S. Crawford, C. Robinson, D. Kajal, S. Lindheim, N. Pereira*
12:04 pm	Laparoscopic-Intraoperative-Ultrasound-Guided Robotic Assisted Transabdominal Cerclage in Pregnancy *E. Hernandez, M. Javier*
12:10 pm	Approach to Unilateral Oophorectomy for Ovarian Tissue Cryopreservation *C. Vizena, O. Bougie, J. Solnik*
12:16 pm	Utilising Laparoscopic Ultrasound Probe for Treatment of NMDA-Receptor Encephalitis *S. Zhu, H. Nguyen, S. Rao, R. Athavale*
12:22 pm	Discussion Questions & Answers
12:35 pm	Adjourn

Video Session 7

Hysteroscopy in Practice: Safe Access, Cavity Restoration, and Tissue Preservation

11:35 am – 12:35 pm · Room 304

Moderators: *Shahrzad Ansari, Jorge Dotto, Samantha Kegel*

Presenters: *Anna J. Najor, Jessica DeLeeuw, Valerie O'Besso, William Nolan, Connie Liao, Mariana C. Vieira, Fleur Mak*

This session brings together practical hysteroscopic strategies that improve procedural safety, protect the endometrium, restore uterine-cavity anatomy, and solve difficult intrauterine problems. The sequence moves from ergonomics and image-guided decision-making to retained tissue, embedded devices, congenital cavity correction, suturing education, and high-risk myomectomy.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Apply ergonomic and image-guided strategies during hysteroscopy; 2) Select tissue-preserving approaches for retained products and embedded devices; 3) Recognize techniques for restoring abnormal or compromised uterine cavities; and 4) Anticipate risks when operating near a thin residual myometrium.

COURSE OUTLINE

11:35 am	Welcome, Introduction and Course Overview
11:40 am	Ergonomics for Hysteroscopy *A. Najor, S. Thappa, A. Connor, C. Arvizo*
11:46 am	Dual Guidance Approach: Ultrasound and Hysteroscopy for Safe Intrauterine Device Removal in Early Pregnancy *J. Mariñelarena-Batista, F. Sosa-Bravo, C. Ramirez-Colunga, F. Morales-Martinez, O. Hernandez-Barboza, V. Borrayo*
11:52 am	Surgical Techniques for Endometrial Preservation during Management of Retained Products of Conception in Patients With Asherman Syndrome *J. DeLeeuw, F. Mak, J. Travieso, M. Breen, C. Salazar*
11:58 am	Embedded Chinese IUD in a Bicornuate Uterus *V. O'Besso, J. To*
12:04 pm	Video Based Curricula for Vaginal Cuff Closure and Essentials in Minimally Invasive Gynecologic Surgery (EMIGS) Running Suture *W. Nolan, J. Lomboy, S. Parikh, A. Connor, R. Paya Pasic*
12:10 pm	Creating a Functional Cavity: Hysteroscopic Metroplasty for T-Shaped Uterus *C. Liao, O. Ezike, M. Shats, R. Schneyer, K. Hamilton*
12:16 pm	Preserving the Last Millimeter: Hysteroscopic Myomectomy of a FIGO 3 Myoma With 1 Mm Residual Myometrium *M. Vieira, A. Santos, S. Schlindwein, G. Ussami, E. Lages, P. Perin, C. Barbisan, M. Abrão*
12:22 pm	Retained Products of Conception in Isthmocele With Uterine Window *F. Mak, J. DeLeeuw, J. Travieso, M. Breen, C. Salazar*
12:28 pm	Discussion Questions & Answers
12:35 pm	Adjourn

Video Session 8

Complex Pelvic Access and Specimen Management: Hysterectomy, Extraction, and Advanced Approaches

11:35 am – 12:35 pm · Room 306

Moderators: *Uri Dior, Steven McCarus, Liselotte Mettler*

Presenters: *Monica N. Allen, Jose Garza Leal, Chang Liu, Julia M. Moyett, Santhosh P, Renata Pereira, Samara Sabur*

This session addresses situations in which anatomy, pathology, body habitus, or specimen size makes access and extraction unusually difficult. Videos demonstrate preoperative modeling, single-site and extraperitoneal access, complex hysterectomy, rare pelvic masses, tissue containment, and efficient management of large uteri.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Match access and extraction strategies to anatomy and specimen characteristics; 2) Apply containment and transvaginal extraction principles safely; 3) Recognize when extraperitoneal, single-site, or alternative approaches add value; and 4) Improve efficiency during complex hysterectomy and large-uterus surgery.

COURSE OUTLINE

11:35 am	Welcome, Introduction and Course Overview
11:40 am	Opportunistic Ovarian Tissue Harvesting during Endometriosis Surgery: Fertility Preservation and Menopause Delay *R.M. Pereira, R.F. Pereira, R. Lima, C. Lima, P. Hassun, G. Bedoschi, M. Vargas*
11:45 am	Laparoscopic Total Pelvic Exenteration for Recurrent Vaginal Vault Adenocarcinoma With Vesico Vaginal & Recto Vaginal Fistula *S. P, A. Puntambekar, D. Patil, S. Sampath*
11:52 am	The Transumbilical Laparoendoscopic Single-Site Extraperitoneal Approach for Para-Aortic Lymphadenectomy *C. Liu, H. Guo, X. Lyu, W. Huang*
11:58 am	Ectopic Hepatic Ovary Associated With a Unicornuate Uterus *J. Moyett, C. Min, J. Lauer*
12:04 pm	Evaluation of the Claria System for Transvaginal Tissue Extraction During Hysterectomy: A Clinical Usability Study for FDA Authorization *J. Garza Leal, L. Castillo, O. Hernandez-Barboza, E. Aguayo*
12:10 pm	Navigating the Broad Ligament: Robotic Hysterectomy for a Large Fibroid *M. Allen, J. Tinglin-Harper, J. Kim*
12:16 pm	Preoperative 3D Modeling to Simulate Contained Morcellation Feasibility *S. Sabur, S. Jaber*
12:22 pm	Discussion Questions & Answers
12:35 pm	Adjourn

Surgical Tutorial 425

Office Intrauterine Surgery: Optimizing the Patient Experience

11:35 am – 12:35 pm · Room 302 CME



Chair: *Tanvir Singh*

Faculty: *Malcolm G. Munro, Attilio Di Spiezio Sardo*

Reproductive surgery, including office diagnostic and operative hysteroscopy, fertility-preserving interventions, and endometriosis/adenomyosis surgery is increasingly performed in ambulatory settings. While surgical techniques have advanced, pain control remains one of the most influential determinants of a woman's overall experience, emotional wellbeing, and perception of autonomy in her care journey. Women undergoing these procedures often face heightened vulnerability to one or more of the various causes and contributors to chronic pain including endometriosis or adenomyosis, myofascial pain, and a host of other conditions. Frequently the pain is also contributed to by infertility-related stress, central sensitization, or prior negative healthcare encounters. These same women frequently report that their pain, anxiety, and concerns were not fully acknowledged–highlighting gaps in communication, counselling, and access to equitable, patient-centered analgesia. This course bridges these gaps by providing a multimodal, empowerment-focused framework for pain management in reproductive surgery. This course provides a structured framework to perform office hysteroscopic surgery safely, reproducibly, and with optimized patient comfort in awake women.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Stratify patients for office-based or operating room hysteroscopy; 2) Apply evidence-based analgesia and anxiolytic strategies for pain prevention; and 3) Perform low-pain surgical techniques for diagnostic and operative office hysteroscopy; and 4) Manage difficult scenarios.

COURSE OUTLINE

11:35 am	Welcome, Introduction and Course Overview *T. Singh*
11:40 am	When Routine Isn't Routine: Managing Pain in Special Instances and Vulnerable Patients *T. Singh*
11:55 am	Basics of Uterine Neuroanatomy & Anesthesia Principles *M. Munro*
12:10 pm	Becoming a Low-Pain Surgeon (Instrumentation & Technique) *A. Di Spiezio Sardo*
12:25 pm	Discussion Questions & Answers
12:35 pm	Adjourn

General Session V

Monday, November 16, 2026 | 2:00 pm – 3:15 pm | Ballroom ABC CME

2:00 pm

MedTalk IV

Randa Jalloul, MD, MS

2:00 pm MedTalk IV: We Measure What We Can–Not What Matters

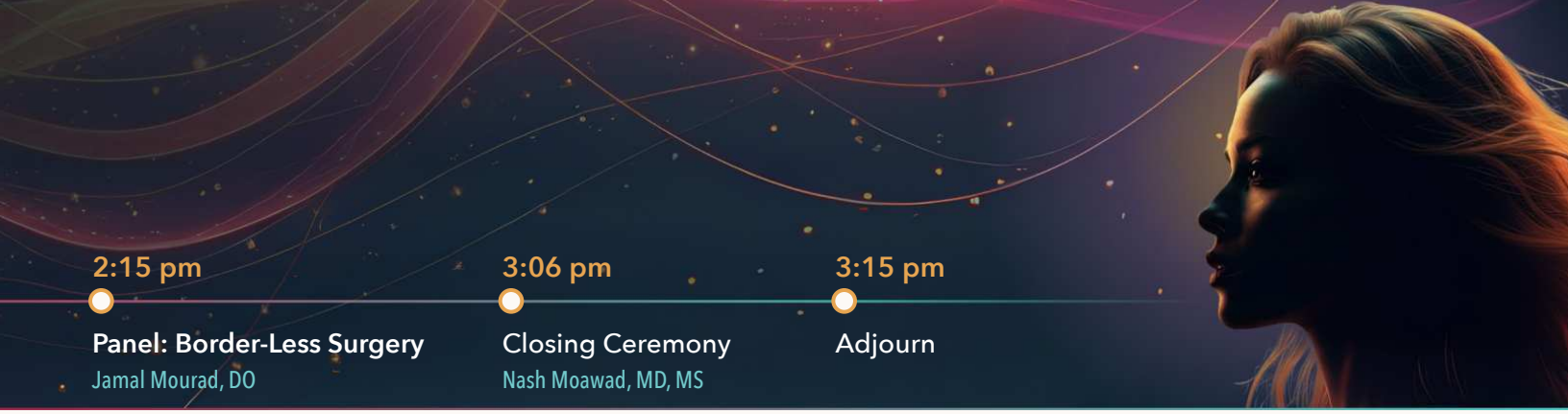


Randa Jalloul, MD, MS

Randa J. Jalloul, MD, MS, FACOG, is a board-certified gynecologist and minimally invasive gynecologic surgeon with advanced expertise in complex MIGS procedures. Dr. Jalloul is an Associate Professor in the Department of Obstetrics, Gynecology and Reproductive Sciences at McGovern Medical School at UTHealth Houston. She is actively involved in surgical education and clinical research in minimally invasive gynecologic surgery, with academic interests including outcomes of fertility-sparing surgery, myomectomy, and endometriosis management. Her clinical practice is dedicated exclusively to gynecology, with a focus on minimally invasive, fertility-sparing surgical management of benign gynecologic disease. She provides comprehensive care for patients with uterine fibroids, endometriosis, chronic pelvic pain, and abnormal uterine bleeding, emphasizing individualized surgical planning and evidence-based decision-making. Dr. Jalloul has particular expertise in fertility-sparing surgery, including advanced laparoscopic, robotic, and vaginal myomectomy for complex fibroid disease, as well as minimally invasive excision of endometriosis. She routinely manages challenging surgical cases through a multidisciplinary approach, collaborating closely with colorectal surgery and urology for complex pelvic disease to optimize surgical and reproductive outcomes.

Modern gynecologic surgery excels at measuring what is easy–operative time, blood loss, length of stay, and complication rates–but often fails to measure what patients define as success. True surgical excellence is not determined in the operating room, but in the patient's life afterward. This MEDTalk challenges surgeons to rethink how success is defined, measured, and communicated in Minimally Invasive Gynecologic Surgery (MIGS), shifting the focus from surgeon-centered metrics to patient-defined outcomes.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Challenge entrenched definitions of surgical success; 2) Encourage adoption of patient-defined outcomes in daily practice; and 3) Improve counseling, expectation management, and satisfaction and align surgical excellence with patient autonomy and outcomes-driven care.



2:15 pm Panel: Border-Less Surgery: The Next Frontier in Surgical Telementoring and Global Collaboration

Chairs:



Jamal Mourad, DO



Javier F. Magrina, MD

Faculty:



Mauricio S. Abrão, MD, PhD



Kathiane L. Augusto, MD, PhD

Access to advanced surgical mentorship is traditionally bound by geography, time, and significant travel costs, creating disparities in global surgical care. This postgraduate course introduces a scalable solution: High-Fidelity Surgical Telementoring. Moving beyond basic teleconferencing, we explore how next-generation "immersive telepresence" ecosystems–combining robotic computing hubs, low-latency cloud streaming, and augmented reality (AR) - allow experts to virtually "scrub in" to guide complex procedures in real-time. This comprehensive session explores the complete lifecycle of a global surgical collaboration. We begin with the historical evolution of remote surgery, distinguishing modern success factors from past limitations. We then examine the technical architecture, demonstrating how to integrate high-performance robotic data systems with cloud-based platforms to create a "digital cockpit" for remote mentors. Expanding beyond robotics, we explore wearable technologies, showing how smart glasses and AR telestration allow mentors to see through the eyes of the local surgeon in laparoscopic and open environments. Finally, we validate the clinical impact through the "mentee perspective," illustrating how virtual access to world-class experts elevates the entire local surgical team, standardizes techniques, and improves patient outcomes in resource-limited or remote settings. Attendees will leave with a strategic roadmap to democratize access to surgical excellence and define the infrastructure of the future global operating room.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Evaluate the technical architecture of immersive telepresence, specifically how integrating robotic data hubs with wearable AR devices creates a low-latency, bi-directional environment for surgical instruction; 2) Demonstrate the clinical application of "virtual scrubbing" across different modalities–from robotic platforms to smart glasses–utilizing Augmented Reality (AR) telestration to guide dissection planes in real-time; and 3) Construct a strategic roadmap for implementing a global telementoring program, assessing the "multiplier effect" on local surgical teams and addressing barriers such as credentialing, data privacy, and connectivity.

COURSE OUTLINE

2:15 pm Welcome, Introduction and Course Overview
J. Mourad

2:20 pm The Digital Cockpit: Integrating Robotic Data & Cloud Streaming. Leveraging the Computing Power of Modern Robotic Hubs (e.g., DV5) to Create a High-Fidelity, Multi-View Remote Teaching Environment
J. Mourad

2:27 pm The Foundation: From Telesurgery to Telementoring. An Analysis of Historical Barriers and the Technological Shifts That Now Make Remote Mentorship Viable
J. Magrina

2:34 pm The Surgeon's Eye: Smart Glasses & Augmented Reality. Utilizing Wearable Technology to Bridge the Gap in Non-Robotic Surgery, Allowing Mentors to Visualize the Open/Laparoscopic Field in the First Person
M. Abrão

2:41 pm The Multiplier Effect: The Mentee Experience. A Case Study on the Impact of "Virtual Visiting Professors" on Skill Acquisition, Confidence, and Patient Outcomes in Local Centers
K. Augusto

2:48 pm Questions & Answers

3:00 pm Introducing AAGL Endometriosis Classification 2.0: From Staging to the Endo App
M. Abrão

3:06 pm Closing Ceremony

3:15 pm Adjourn

Oral Session 9

Complex Endometriosis Surgery: Bowel, Bladder, Appendix, and Reoperation

3:30 pm – 4:45 pm · Room 304

Moderators: *Sneha Kamarajugadda, Bernardo Lasmar, Charles Souza*

Presenters: *Paulina Carrillo, Gil Dubernard, Ogechukwu F. Ezike, Luis Felipe Falla-Zuniga, Samantha Kegel, Maria Julia Lemos, Giovanni Roviglione, Youssef Youssef*

This session addresses advanced endometriosis surgery involving extrapelvic, urinary, gastrointestinal, appendiceal, and recurrent disease. The presentations highlight surgical outcomes, morbidity, predictors of associated pathology, and reoperation risk.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Recognize risks associated with complex endometriosis excision; 2) Discuss evidence for bowel, bladder, appendix, and recurrent disease management; and 3) Apply outcomes data to preoperative counseling and multidisciplinary planning.

COURSE OUTLINE

3:30 pm	Welcome, Introduction and Course Overview
3:32 pm	Abdominal Wall Endometriosis: Clinical Presentation, Management, and Outcomes at a Tertiary Care Institution *S. Kegel, G. Lewis, L. Sanchez-Ramos, J. Sacco, E. Garcia, R. Fung*
3:38 pm	Neurological Outcomes After Modified Radical Hysterectomy With Unilateral or Bilateral Total Parametrectomy for Deep Endometriosis *G. Roviglione, G. Donatiello, G. D'Ancona, M. Ceccaroni*
3:44 pm	Surgical Outcomes of Bladder Endometriosis: A Systematic Review and Meta-Analysis on Postoperative Urinary Events *M. Lemos, A. Servidoni, L. Albarghouthi, M. Andres, M. Abrão*
3:50 pm	Appendiceal Pathology During Endometriosis Excision: Yield and Predictors *L. Falla-Zuniga, K. Studeman, K. Audlin, M. King, A. Armellini, V. Kovalik, K. Uzhegova, C. Nieroda, V. Gushchin, A. Sardi*
3:56 pm	Evaluating the Risk of Postoperative Complications Following Concomitant Appendectomy During Laparoscopic Endometriosis Excision *O. Ezike, M. Cao, R. Meyer, K. Wright*
4:02 pm	Concomitant Right-Sided Bowel Resection During Colorectal Surgery for Deep Endometriosis: Major Morbidity and Risks Among 1,058 Patients *P. Carrillo, A. Crestani, Q. Denost, T. Dennis, A. Mangeshikar, B. Merlot, H. Roman*
4:08 pm	Incidence of Reoperation After Minimally Invasive Surgery for Endometriosis: A Systematic Review and Meta-Analysis *Y. Youssef, M. Lemos, A. Servidoni, I. Lopes de Mattos, J. Molisani, C. Nakayama, M. Abrão*
4:14 pm	Long Term Follow-Up After Robotic High Intensity Focused Ultrasound Treatment of Rectal Endometriosis *G. Dubernard*
4:20 pm	Discussion Questions & Answers
4:45 pm	Adjourn



Oral Session 10

Hysteroscopy and Intrauterine Innovation Across Fertility and Benign Disease

3:30 pm – 4:45 pm · Room 311

Moderators: *Rudy Leon De Wilde, Lara Harvey, Tanvir Singh*

Presenters: *Alexis O'Connell, Ricardo Delle Donne, Chelsea T. Manning, Roxana R. Preis, Christina A. Salazar, Attilio Di Spiezio Sardo, Diana Encalada Soto*

This session brings together hysteroscopic practice, intrauterine pathology, adhesion prevention, fertility-focused interventions, cervical preparation, and early-pregnancy IUD management.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Review evidence supporting intrauterine adhesion prevention strategies; 2) Discuss hysteroscopy in fertility and pregnancy-related scenarios; and 3) Assess how office and operative hysteroscopy are evolving in clinical practice.

COURSE OUTLINE

3:30 pm	Welcome, Introduction and Course Overview
3:32 pm	Closing the Gap: A Case-Series on Cesarean Scar Defect Repair Outcomes *C. Manning, J. Wainger, A. Frost, H. Wu, K. Patzkowsky, K. Wang, M. Borahay, K. Simpson*
3:38 pm	Vaginal Misoprostol 200–400 Micrograms as Optimal Cervical Preparation for Hysteroscopy: Systematic Review and Network Meta-Analysis *R. Preis, T. Horton, G. Lewis, L. Dussan, A. Massias, C. Rhoades, C. Adams, L. Sanchez-Ramos*
3:44 pm	Hysteroscopy Identifies Occult Intrauterine Pathology Despite Normal Sonohysterography in Selected Patients After Failed FET *A. O'Connell, S. Agarwal, M. Trolice, L. Stadtmauer*
3:50 pm	Juveena™ Hydrogel Spacer for Prevention of Intrauterine Adhesions After Hysteroscopic Surgery - A Multicenter Randomized Control Trial *C. Salazar, S. Chudnoff, K. Roy, H. Huddleston, B. Bhagavath, P. Movilla, P. Bortoletto, D. Grainger, C. Miller, R. Flyckt, C. Sobolewski, N. Livers, J. Robinson, V. Morozov, E. Robinson, I. Feldberg, A. Fagnant, M. Munro*
3:56 pm	Reproductive Outcomes After Fertility-Preserving Non-Surgical Treatment of Uterine Fibroids: A Systematic Review and Meta-Analysis *D. Encalada Soto, M. Briggs, H. Yang, A. Saif, A. Cope, S. Rassier*
4:02 pm	A Novel Platelet-Rich Plasma (PRP) Injection Protocol for Endometrial Regeneration in Infertile Patients *A. Di Spiezio Sardo, D. Borrelli, V. Foreste, S. Sassone, M. De Angelis, B. Zizolfi*
4:08 pm	Hysteroscopic Removal of Intrauterine Devices in Early Pregnancy: A Case Series Identifying Device Location as a Prognostic Factor *R. Delle Donne, G. Potrich, L. Grande, M. da Silva, R. Pazello*
4:14 pm	Discussion Questions & Answers
4:45 pm	Adjourn

Video Session 9

Endometriosis Beyond the Pelvis: Uncommon Sites and Practical Excision

3:30 pm – 4:45 pm · Room 306

Moderators: *Grace Janik, Jamie Kroft*

Presenters: *Evan T. Austin, Lisa Berkowitz, Alexandra C. Dadrat, Soorena Fatehchehr, Kathryn Field, Annemarie Newark, Eric M. Shuffle, Marc Winter*

This session highlights endometriosis in locations that can be overlooked or mistaken for other pathology, including the inguinal canal, Canal of Nuck, appendix, abdominal wall, peritoneal windows, and lesions mimicking tattoo pigment or malignancy.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Expand the differential diagnosis for atypical endometriosis presentations; 2) Plan excision in inguinal, abdominal wall, appendiceal, and peritoneal locations; 3) Distinguish endometriosis from malignancy and other mimics; and 4) Use site-specific anatomy to achieve complete and safe treatment.

COURSE OUTLINE

3:30 pm	Welcome, Introduction and Course Overview
3:35 pm	Reconstructing Continence: Multidisciplinary Urethroplasty With Buccal Graft in Chemotherapy - Induced Fistula *S. Fatehchehr, V. Nookala, K. Grinberg, A. Ramzan, T. Trang, Y. Chen*
3:41 pm	"Tattoo Imposter" Endometriosis in the Setting of Colon Cancer *M. Winter, E. Raskin*
3:47 pm	Laparoscopic Excision of Peritoneal Windows *K. Field, M. Louie, C. Ribeiro Diniz*
3:53 pm	Teaching Laparoscopic Excision of Superficial Endometriosis: A Stepwise, Analogy-Driven Approach *A. Newark, L. Berkowitz, A. Gubbels*
3:59 pm	A Novel Approach to the Canal of Nuck: Combining Robotic Excision With Pulsed Field Ablation for Inguinal Endometriosis *E. Austin, S. Young, M. Wasson*
4:05 pm	The Appendectomy for the Minimally Invasive Gynecologic Surgeon *E. Shuffle, M. Leon, M. Cantave, A. Chen, T. Horton, J. Klebanoff*
4:11 pm	Laparoscopic Approach to a Case of Bilateral Inguinal Canal Endometriosis *L. Berkowitz, M. Billow*
4:17 pm	Utilization of Methylene Blue to Visualize Margins in Subcutaneous Endometriosis *A. Dadrat, A. Li, B. Espelien, A. Oshinowo*
4:23 pm	Discussion Questions & Answers
4:45 pm	Adjourn

Video Session 10

Reconstructing Müllerian Anatomy: Congenital Anomalies, Isthmoceles, and Restorative Surgery

3:30 pm – 4:45 pm · Room 310

Moderators: *Michael Kinson, Resad Paya Pasic*

Presenters: *Leah M. Bourgan, Katherine Byrket, Randa J. Jalloul, Jacqueline Lomboy, Megan Melnyk, Elizabeth A. Miller, Tiffani-Amber Miller*

This session examines restorative surgery for congenital and acquired abnormalities of the uterus, cervix, and vagina. Presentations emphasize accurate anatomic diagnosis, individualized surgical planning, and reconstruction that preserves function whenever possible.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Differentiate congenital anomalies from acquired defects that may mimic them; 2) Plan minimally invasive reconstruction for isthmoceles and Müllerian anomalies; 3) Adapt hysteroscopic, laparoscopic, and robotic approaches to unusual anatomy; and 4) Protect reproductive and pelvic function during restorative surgery.

COURSE OUTLINE

3:30 pm	Welcome, Introduction and Course Overview
3:32 pm	Robotic Management of an Extremely Rare Complex Müllerian Anomaly: Thick Complete Septum With Double Cervix and Multifibroid Uterus *R. Jalloul*
3:38 pm	Robotic-Assisted Laparoscopic Excision of Accessory Cavitated Uterine Malformation (ACUM) *T. Miller, M. Wood, X. Lian, S. Cardamone*
3:44 pm	Robotic Assisted Total Laparoscopic Hysterectomy and Vaginal Septum Resection for Uterine Didelphys *E. Miller, T. Baker*
3:50 pm	Robotic Hysterectomy Strategies for Uterine Didelphys *M. Monlux, S. Galhotra*
3:56 pm	Resection of Obstructed Uterine Septum in Atypical Robert's Uterus *K. Byrket, D. DaJusta, Y. Fei*
4:02 pm	Uterine Isthmocele in the Reproductive Patient: Evaluation and Laparoscopic Restoration of Myometrial Integrity *J. Lomboy, M. Kannan, W. Nolan, A. Connor, S. Parikh*
4:08 pm	Robotic Isthmocele Repair: Tips & Tricks *M. Melnyk, M. Truong*
4:14 pm	Excision of Deep Infiltrating Endometriosis of the Inguinal Canal *L. Bourgan, N. King*
4:20 pm	Discussion Questions & Answers
4:45 pm	Adjourn

Video Session 11

Uterine-Sparing Surgery for Fibroids and Adenomyosis: Excision, Ablation, and Reconstruction

3:30 pm – 4:45 pm · Room 302

Moderators: *Maria Chiara De Angelis, Sydney L. Olson, Erica Stockwell*

Presenters: *Stephanie M. Asdell, Anne Bocage, Gianmarco D'Ancona, Xishi Liu, Suyash Naval, Zenobia Ofori-Dankwa, Malak El Sabeh, Maya Shats*

This session focuses on preserving the uterus while treating fibroids and adenomyosis through laparoscopic, robotic, natural-orifice, and ablative approaches. Videos highlight vascular control, incision planning, dissection near the ureter, reconstruction, and long-term symptom control.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Choose an operative approach based on lesion location and reproductive goals; 2) Use blood-conserving and vascular-control strategies during myometrial surgery; 3) Plan uterine incisions and reconstruction to optimize safety and efficiency; and 4) Compare excisional, ablative, robotic, laparoscopic, and natural-orifice options.

COURSE OUTLINE

3:30 pm	Welcome, Introduction and Course Overview
3:32 pm	Surgical Approach to a Fibroid With Parasitic Blood Supply to the Anterior Abdominal Wall *A. Bocage, M. Hotz, P. Teefey*
3:38 pm	Adenomyomectomy Without Post-Operative Medication for Symptomatic Adenomyosis: A Four-Year Follow-Up Study *X. Liu*
3:44 pm	Transvaginal Natural Orifice Transluminal Endoscopic Surgery (vNOTES) for Fibroid Removal *S. Naval, P. Serra*
3:50 pm	Implementation of Routine Temporary Uterine Artery Occlusion in Robotic Myomectomy Practice *S. Asdell, R. Cockrum*
3:56 pm	Uterine and Fertility-Sparing Treatment of Adenomyosis With Radiofrequency Thermal Ablation (RFTA) *G. D'Ancona, S. Baggio, A. Stepniewska, M. Manzone, C. Zorzi, M. Albanese, G. Roviglione, M. Ceccaroni*
4:02 pm	Individualized Approach to Adenomyomectomy *M. Shats, C. Liao, O. Ezike, R. Schneyer, M. Siedhoff, K. Hamilton*
4:08 pm	Cervical Myomectomy With Ureteral Involvement *M. El Sabeh, L. Chohan, J. Nijjar*
4:14 pm	Incision Decision: Strategies for Optimizing Surgical Approach During Robotic-Assisted Laparoscopic Myomectomy *Z. Ofori-Dankwa, C. Shadowen, H. Palin, L. Siewertsz van Reesema, J. Hudgens, J. Woo*
4:20 pm	Discussion Questions & Answers
4:45 pm	Adjourn

Oral Session 11

Digital Surgery, AI, and Translational Diagnostics in MIGS

3:30 pm – 4:45 pm · Room 309

Moderators: *Mateo Leon, Ishai Levin*

Presenters: *Mohamed Abdelgadir Garelnabi Abdelrahman, Gurbeen K. Dadiala, Susan Khalil, Maayan Maor, Makoto Nakabayashi, Shai Ram, Shin Takenaka*

This session examines the rapidly evolving role of AI, operative video analysis, navigation, digital documentation, patient-facing materials, and scalable diagnostic platforms in MIGS.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Identify current applications of AI in surgical planning and intraoperative decision-making; 2) Evaluate digital tools for documentation, navigation, and patient communication; and 3) Discuss opportunities and limitations of AI-enabled diagnostic and surgical systems.

COURSE OUTLINE

3:30 pm	Welcome, Introduction and Course Overview
3:32 pm	Evaluation of Readability in AAGL Patient Education Materials and AI-Driven Text Simplification *G. Dadiala, Z. Punjani, J. Ashurst, M. Wasson*
3:38 pm	AI-Generated Operative Reports From Hysterectomy Videos: A Pilot Study *M. Nowlen, R. Kho, P. Garcia-Filion, N. Makarova, A. Chiappetti*
3:44 pm	AI-Assisted Hysteroscopy Improves Intraoperative Identification of Endometrial Malignancy Compared With Surgeon Assessment *M. Maor, S. Bar-On, Y. Colbeci, T. Neder, S. Ram, A. Cohen, A. Akdam, I. Levin*
3:50 pm	AI-Assisted Minimally Invasive Gynecological Surgery: A Systematic Review and Meta-Analysis of Clinical Outcomes *M. Abdelrahman*
3:56 pm	Development of AI-Based Surgical Navigation Models and External Validation of Ureter Recognition Across Surgical Environments *S. Takenaka, H. Matsuzaki, R. Koike, M. Nakabayashi, Y. Hirose, A. Kouno, M. Homma, N. Takeshita, Y. Nakanishi, A. Sekizawa, K. Matsumoto, Y. Tsukada*
4:02 pm	Universal AI Phase Recognition in Laparoscopic and Robotic Hysterectomy: Fine-Grained Periuterine Dissection Classification *M. Nakabayashi, S. Takenaka, H. Matsuzaki, R. Koike, Y. Hirose, M. Homma, N. Takeshita, A. Sekizawa, K. Matsumoto*
4:08 pm	Resolving Endometrial Biology Using Uterine Lavage EV Proteomics: Toward Clinically Scalable, In-Office Diagnostic Classification *S. Khalil, B. Reva, D. Rykunov, M. Padron-Rhenals, S. Sabina Swierczek, K. Reid, O. Camacho-Vanegas, S. Camacho, K. Engelman, D. Pandya, D. Doo, S. Sieber, P. Fiedler, V. Andikyan, A. Iliuk, L. Chuang, P. Dottino, J. Martignetti*
4:14 pm	Serum Lactate as a Predictor of Surgically Confirmed Ovarian Torsion: A Prospective Cohort Study *S. Ram, A. Kahana, A. Tamir, I. Almog, A. Cohen, S. Bar-On, I. Levin*
4:20 pm	A Novel Noninvasive Approach to Detect Limb Ischemia in Lithotomy-Positioned Surgery *D. Wilson, A. Wrather, A. Bhalwal, A. Mohr-Sasson, A. Montealegre, O. Dziadek, R. Jalloul*
4:26 pm	Discussion Questions & Answers
4:45 pm	Adjourn



Debate 641

Bowel Resection Versus IVF in the Infertile Patient With Rectosigmoid Nodule

3:30 pm – 4:45 pm · Room 312 CME



Chair: *John Preston Parry*

Faculty: *Sarah Choi, Tommaso Falcone*

Surgical intervention in patients with meaningful endometriosis is often logical and appropriate. Yet procreative balances sometimes push patient management in directions we might not choose for ourselves or that can be counter intuitive. This debate will pit surgical REI's against CBG's for balancing IVF and surgical balances in maximizing fertility. Moreover, the side taken by speakers will be randomized so that they must be prepared to speak on either side (and will be allowed a brief self-rebuttal at the end). Evidence based medicine fused with nuance will be the emphasis, seasoned with friendly rivalry and humor in this debate on bowel resection versus IVF in the infertile patient with a rectosigmoid nodule.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Evaluate the mechanisms by which bowel resection for rectosigmoid endometriosis may improve fertility outcomes beyond those achievable with in vitro fertilization (IVF), including restoration of pelvic anatomy, reduction of inflammatory burden, and alleviation of pain-related factors affecting conception; 2) Assess the advantages of IVF in infertile patients with rectosigmoid nodules, including avoidance of surgical morbidity, reduced time to conception in selected patients, and the ability to overcome fertility barriers that may persist despite surgical intervention; and 3) Apply patient-centered and evidence-based principles to balance surgical and assisted reproductive approaches when counseling infertile patients with rectosigmoid endometriosis, incorporating disease characteristics, reproductive goals, symptom burden, ovarian reserve, and treatment-related risks and benefits.

COURSE OUTLINE

3:30 pm	Welcome, Introduction and Course Overview
3:35 pm	Bowel Resection
3:45 pm	IVF in the Infertile Patient With Rectosigmoid Nodule
3:55 pm	Self Rebuttal for Pro-Bowel Resection Speaker
4:00 pm	Self Rebuttal for Pro-IVF Speaker
4:05 pm	Discussion Questions & Answers
4:45 pm	Adjourn

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Music | Cocktails | Vintage Formal | 'Swaggy' Attire

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Accepted virtual posters for the 2026 Global Congress, listed by submission order.

Robotic Tubal Re-Anastomosis: Advancing Surgical Precision to Restore Reproductive Autonomy
S. Moustafa, L. Uzianbaeva, L. Di Francesco, P. Wang

Uterine Weight and Postoperative Outcomes In Minimally Invasive Hysterectomy
Y. Yagur, R. Schonman, K. Fitzsimmons, M. Shats, C. Liao, R. Schneyer, O. Ezike, G. Levin, R. Meyer

Complications Following Laparoscopic Hysterectomy with Concomitant Appendectomy: A National Analysis
Y. Yagur, D. Rosen, G. Levin, Y. Nasseri, M. Barnajian, R. Meyer

Infectious Morbidity Risk of Laparoscopic Myomectomy Concomitant Hysteroscopy: A NSQIP Analysis
A.J. Najor, S. Thappa, E.M. Lee, C. Arvizo, J.H. Shin, K. Pepin

Low-Dose Levonorgestrel Intrauterine System for Refractory Primary Dysmenorrhea In Adolescents without Prior Sexual Activity
M. Vargas, A. Gonzalez, C. Rodríguez Valero

Postoperative Restrictions for Patients Undergoing Minimally Invasive Gynecologic Procedures
A. Frappaolo, A. MacKinnon, M. Mungovan, I. Angeles, J. Unger, T. Mupombwa, C.E. Foley

Low-Pressure Versus Standard-Pressure Pneumoperitoneum In Gynecologic Laparoscopic Surgery: A Systematic Review and Meta-Analysis
M.J. Lemos, B. Curi-Pesantes, D. Barbosa, L. Fonseca Queiroz, J. Carugno

Vnotes: Tips and Tricks for Patients without Prolapse
S. Renaud, J.R. Wagner

Breaking the Postoperative Adhesion Cycle with Anti-IL-8 Antibody In a Translational Primate Model
A. Nishimoto-Kakiuchi, K. Nakagawa, H. Tanimura, M. Yamazaki, Y. Sakamoto, I. Sato, T. Sankai, R. Konno

Surgical Treatment of Adnexal Masses In Pediatric Patients: Gynecologic Versus Pediatric Surgeons
G.J. Marchand, D. Gonzalez Herrera, M. Robinson, E. Kline, S. Mera, B. O'Connell

Comparative Efficacy and Safety of Miniature Laparoscopy Versus Single-Port Laparoscopy In Hysterectomy: A Meta-Analysis
G.J. Marchand, D. Gonzalez Herrera, M. Robinson, E. Kline, S. Mera, B. O'Connell

The Global Practice of Hysteroscopic and Other Intrauterine Surgeries: Observations from a Worldwide Survey
M.N. Han, D.T. Nassar, M.G. Munro, N.S. Moawad, T.L. Anderson, S. Haimovich, A.V. Nguyen

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Saturday, November 14

Welcome Reception

6:00 pm – 8:00 pm

Sunday, November 15 – Monday, November 16

Exhibit Hall Hours

8:00 am – 2:00 pm

Breakfast

8:00 am – 9:30 am

Lunch

12:00 pm – 2:00 pm

Experience Theaters

8:30 am – 9:15 am

12:30 pm – 1:15 pm

Exhibit Hall Closes

2:00 pm

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Exhibitor registration, badges, booth personnel check in and exhibitor tickets will be located with AAGL's Main Registration desk, on the 2nd floor in the Prefunction area.

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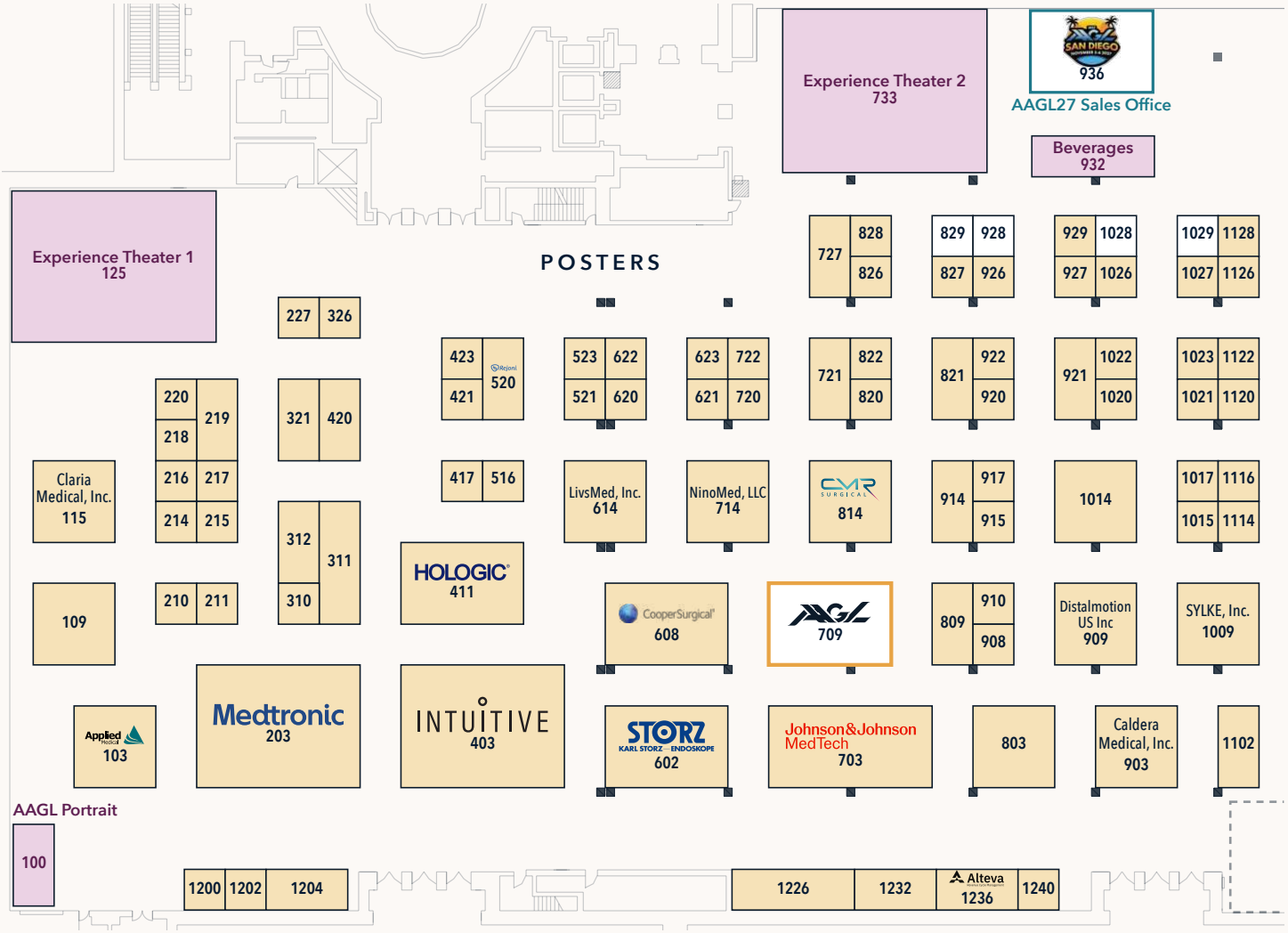
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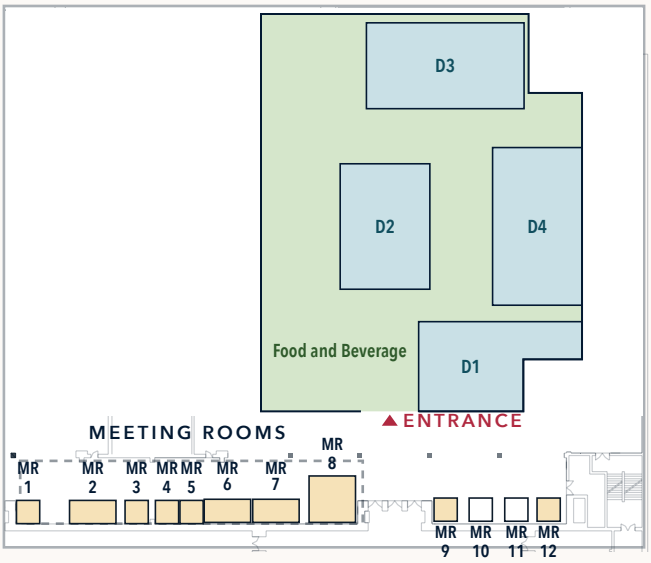
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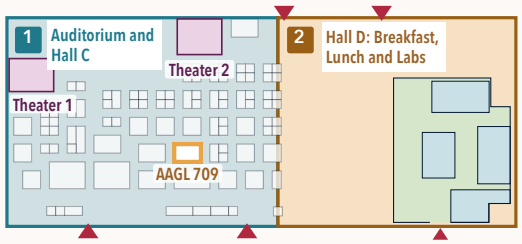
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Applied Medical designs, develops and manufactures innovative products that enable advanced surgical procedures and optimize patient outcomes. As a global medical device company, Applied Medical is equally committed to improving the affordability and accessibility of high-quality healthcare. We also further minimally invasive surgery by offering sophisticated training, including workshops, symposia and our simulation-based programs.

Arthrex, Inc. — 721

1370 Creekside Blvd
Naples, FL 34108-1945
(800) 933-7001
www.endoscopy.arthrex.com/en

Arthrex develops advanced endoscopy technologies that help surgeons perform minimally invasive procedures with confidence. Supported by ongoing innovation and medical education, Arthrex is committed to advancing surgical techniques, improving procedural efficiency, and enhancing patient care across multiple specialties worldwide.

Axora Medical — 803, MR-9

1000 Hamlin Ct
Sunnyvale, CA 94089
855-646-7874
www.axoramedical.com/

Axora Medical is a gynecologic medical device company with a mission to care for women by providing exceptional gynecologic products our customers trust and patients deserve. We work with gynecologic care teams to help streamline the diagnosis and treatment of abnormal uterine bleeding (AUB) and other uterine conditions, helping clinicians deliver the right care in the right setting with confidence.

Baxter Advanced Surgery — 312

One Baxter Parkway
Deerfield, IL 60015
www.advancedsurgery.baxter.com

Baxter's portfolio of products and programs are foundational to the surgery, just as surgeons, nurses, and administrators are essential to healing. Clinically-proven products allow surgical teams freedom to innovate and think creatively without restraint in the operating room. Best-in-class programs provide a holistic approach to optimizing patient care.

Baystate Health, Inc. **828**

280 Chestnut St Ste 103
Springfield, MA 01104-3444

BD **1116**

100 Crossings Blvd Warwick RI 02886, RI 02886
844-823-5433
www.bd.com/en-us

BD is a medical technology company advancing health by improving discovery, diagnostics and delivery. Our portfolio, leadership and partnerships make a difference for global healthcare.

BLUE ENDO **1204**

8097 Flint St
Lenexa, KS 66214
913-492-5888
www.blueendo.com

BLUE ENDO develops and markets advanced minimally invasive products for laparoscopy, hysteroscopy and urology. Products on display will include: Advanced OBGYN Tissue Extraction Systems, Blue Box II Scope Warmer, Spirotome Biopsy System and a variety of specialty products.

Boston Scientific **310**

100 Boston Scientific Way
Marlborough, MA 01752
(508) 683-4000
www.bostonscientific.com/fpm

Boston Scientific continues to invest in delivering the most comprehensive clinical research and most-studied portfolio of pelvic health products in the industry, so you can feel confident you're providing your patients with the best therapy options. Visit our booth and speak with a representative to learn more.

Bridea Medical **1232**

Barbara Strozzilaan 101 Amsterdam, NH
1083HN, Netherlands
+31622419442
www.brideamedical.com/

Bridea Medical, a premier Dutch innovator in women's healthcare, is proud to introduce the U.S. market to our eco-friendly gynecological solutions. With the industry's first 100% plant-based disposable speculum, we lead in sustainability. Our products, embraced by 95% of Dutch hospitals, include the widest range of specula, featuring our highly sought-after treatment models. This diverse lineup ensures unparalleled patient comfort, physician efficiency, and superior outcomes.

Caldera Medical, Inc. **903**

4360 Park Terrace Drive
Westlake Village, CA 91361
818-879-6555
www.calderamedical.com/

Caldera Medical is a medical device company solely focused on women's health with a commitment to our mission of "Improving the Quality of Life for Women!" We develop, build and market best in class surgical products for the treatment of Stress Urinary Incontinence, Pelvic Organ Prolapse, and Polyps. We work with surgeons to help those here at home, as well as women around the world, through our humanitarian programs to give them the access to the education and treatment they deserve.

Channel Medsystems **109**

2919 7th Street
Berkeley, CA 94710
510-338-9301
www.cerene.com

Channel Medsystems is advancing women's health with Cerene® Endometrial Cryotherapy, a cavity-preserving treatment for heavy menstrual bleeding and dysmenorrhea. Cerene harnesses the power of cold to safely and effectively reduce heavy bleeding while providing a natural analgesic effect. The 2.5-minute treatment requires no incisions or general anesthesia and preserves access to the uterine cavity for future evaluation.

Cicero Diagnostics, Inc. **1014**

2538 Anthem Village Drive, Suite 105
Henderson, NV 89052
800-795-5385
www.myreceptiva.com

Exclusive Provider of the MyReceptiva test, the first endometriosis detection test with over 90% sensitivity and specificity. Backed by gynecologic surgeons, MyReceptiva testing provides a unique opportunity for womens healthcare providers, determining which patients would benefit most from a referral to an endometriosis surgeon specialist. Cicero Diagnostics currently serves the fertility community by identifying silent endometriosis in patients with failed IVF and/or recurrent pregnancy loss.

Claria Medical, Inc. **115**

2586 Wyandotte Street
Mountain View, CA 94043
617-407-1026
www.clariamedical.com

Claria Medical is passionate about developing best-in-class treatments to address clinical needs in minimally invasive surgery. Claria's first product, the Claria System, aims to improve hysterectomy and is the first integrated tissue containment and removal system cleared by the FDA. In addition to private financing, Claria Medical has been awarded prestigious NSF and NIH grants to develop products to improve hysterectomy, myomectomy, and other surgical procedures.

CMR Surgical **814, MR-8**

1 Evolution Business ParkMilton Road Cambridge, CB24 9NG, United Kingdom
44-012-237-5530-0
www.cmrsurgical.com/

Headquartered in Cambridge, United Kingdom, CMR is committed to working with surgeons, surgical teams and hospital partners, to provide an optimal tool to make robotic minimal access surgery universally accessible and affordable. With Versius, we are on a mission to redefine the surgical robotics market with practical, innovative technology and data that can improve surgical care. Disclaimer: The Versius Plus offering is 510k pending at FDA. Not for sale in the U.S.

CNY Fertility **214**

195 Intrepid Lane
Syracuse, NY 13205
844-315-2229

CNY Fertility is one of the most affordable and accessible fertility clinics in the U.S., known for providing high-quality care without a high cost. Founded by Dr. Robert Kiltz in 1997, CNY has helped bring over 25,000 children into the world. With locations across the USA and a client-friendly travel program, CNY makes fertility treatment available to families worldwide. Their comprehensive services include IVF, IUI, Egg Freezing, Donor Egg IVF, Reproductive Immunology, and more.

CONMED Corporation **809**

6455 S Yosemite Street, Suite 800
Greenwood Village, CO
239-207-0300
www.conmed.com

We are committed to empowering nurses worldwide to deliver exceptional outcomes for patients. CONMED has a broad portfolio in specialties such as Colorectal, General Surgery, GYN, Urology, Orthopedics, Gastroenterology, and Patient Monitoring.

CooperSurgical **608**

75 Corporate Dr
Trumbull, CT 06611-1350
203-601-5200
www.coopersurgical.com

CooperSurgical® is a leading fertility and women's healthcare company dedicated to putting time on the side of women, babies, and families at the healthcare moments that matter most in life. CooperSurgical® has evolved its portfolio of over 600 products to include key products and services used primarily by obstetricians, gynecologists, and their related surgical subspecialties. We are pleased to be able to feature key minimally invasive products and procedures.

Core Access Surgical Technologies **216**

3495 Piedmont Road Building 11, Suite 905
Atlanta, GA 30305
202-716-6301
www.castlap.com

Diagnostic Green LLC **720**

38955 Hills Tech Drive
Farmington Hills, MI 48331
844-424-8425
www.diagnosticgreen.com/

Diagnostic Green is the world's leading provider of Indocyanine Green (ICG), a dye that enables fluorescence during surgical procedures. Fluorescence-guided surgery has been clinically proven to reduce complications and improve outcomes across a wide variety of surgical procedures. Diagnostic Green is committed to consistently supplying superior quality products to surgeons worldwide.

Distalmotion US Inc **909**

Route de la Corniche 3Bâtiment SE-A1066 Epalinges
EPALINGES, 1066, Switzerland
41-789-239-334
www.distalmotion.com/en-US

Distalmotion is a medical device company founded in Lausanne, Switzerland, with a mission to make robotic surgery more accessible to hospitals, surgeons, and patients worldwide. Its surgical robot DEXTER® is designed with ASCs and outpatient care in mind. With a small, mobile footprint, flexible workflows, open architecture, and instinctive design, DEXTER integrates seamlessly into existing surgical environments and workflows.

Endometriosis Foundation of America **326**

872 5th Ave
New York, NY 10065
646-496-2100
www.endofound.org/

ESSI Endometriosis Surgical Specialists International **1020**

135 Pinelawn Road Suite 115
South Mellville, NY 11747
973-632-6791
www.internationalendo.com/

Femasys Inc. **908**

3950 Johns Creek Court, Suite 100
Suwanee, GA 30024
770-500-3910
www.femasys.com/

Femasys is a leading biomedical company focused on addressing significant unmet needs of women worldwide with a broad portfolio of in-office, accessible, and innovative therapeutic and diagnostic solutions, including a lead revolutionary product candidate and FDA-cleared products. FemBloc® permanent birth control in late-stage clinical development is the first and only non-surgical, in-office, permanent birth control method intended to be a safer option for women.

Freyja Healthcare, LLC **620**

480 Pleasant Street
North Andover, MA 01845
775-800-7300
www.freyjahealthcare.com/

Freyja Healthcare is a dedicated group of creative innovators, expert clinicians, and experienced entrepreneurs; fiercely devoted to Advancing Women's Health Through Innovation. Please visit booth #620 for a hands-on experience of the first-of-its-kind, a 2mm VereSee™ Optical Entry and Laparoscopic Visualization System. Start laparoscopic procedures with confidence using VereSee. VereSee provides physicians with a visual entry system designed for safe entry.

Hologic, Inc. **411**

250 Campus Drive
Marlborough, MA 01752
508-263-2900
www.hologic.com

Hologic helps women around the world live healthier lives. We develop innovative medical technologies that effectively detect, diagnose and treat health conditions and raise the standard of care globally. We know women face unique health challenges at every stage of life, and we are passionate about being a force for good.

Infinitus Medical Technologies **1202**

242 S Main St, Suite 214
Holly Springs, NC 27540
(919) 285-1178
www.infinitusmedical.com

Innovex Trading Co., Ltd **921**

315 Qingda Road Building 17 2F Shanghai,
201210, China
86-215-079-1830
www.innovexmed.com.cn/

Inovus Medical **1102**

Unit 14, Wharton Street, Sherdley Road Industrial Estate St Helens, WA9 5AA, United Kingdom
+44 (0)1744752952
www.inovus.org

We're on a mission to be the world's partner for surgical training. Improving surgical care through connected surgical training. Inovus works to remaster surgical training through accessible, affordable, and functional technologies. Founded in 2012, combining the talents of a medic and an engineer, Inovus is transforming surgical care, providing a solution to the global surgeon shortage, and, ultimately, saving lives.

Intuitive Surgical **403, MR-1**

1020 Kifer Road
Sunnyvale, CA 94086-5304
408-523-2100
www.intuitive.com

At Intuitive®, innovating for minimally invasive care is the passion that drives us. Our robotic-assisted da Vinci® Surgical System helps empower doctors and hospitals to make surgery less invasive than an open approach. Working with doctors and hospitals, we're continuing to develop new, minimally invasive surgical platforms and future diagnostic tools to help solve complex healthcare challenges around the world.

Irrisept **215**

1665 Lakes Parkway, Suite 102
Lawrenceville, GA 30043
770-807-7223
www.irrimax.com

Irrisept Antimicrobial Wound Lavage is a self-contained jet lavage with low concentration Chlorhexidine Gluconate (CHG) as a preservative in the bottled solution. Irrisept is backed by science and proven by practice - trusted by over 4,500 U.S. hospitals for their irrigation needs.

Jackson Medical **423**

575 14th St. NW Suite 100
Atlanta, GA 30318
713-459-9021
www.jackson-medical.com

Jackson Medical (Atlanta, GA) is committed to establishing a safer standard of care in surgery with US-made products like GloShield, an intuitive safety shield that prevents OR fires and patient burns associated with existing surgical fiber-optic light cables in laparoscopy and hysteroscopy. Visit us to mitigate risk quickly in a cost-effective manner without impacting surgical workflow or surgical techniques. sales@jackson-medical.com

Jmees Inc. **1026**

Kashiwanoha5-4-6,Tokatsu Techno Plaza 605
Kashiwa-shi, Chiba 277-0882, Japan
+81-4-7157-2264
www.jmees-inc.com/en

Johnson & Johnson MedTech **703, MR-3, MR-4, MR-5, MR-6, MR-7**

4545 Creek Road
Cincinnati, OH 45242
877-384-4266
www.thenext.jnjmedtech.com

At Johnson & Johnson MedTech, we are working to solve the world's most pressing healthcare challenges through innovations at the intersection of biology and technology. We harness our deep expertise in surgery, orthopedics, vision, and interventional solutions to design healthcare solutions that are smarter, less invasive, and more personalized. To learn more about how we develop med tech that helps save lives and redefine what it feels like to be a patient, visit thenext.jnjmedtech.com

Karl Storz Endoscopy-America **602**

2151 E. Grand Ave.
El Segundo, CA 90245
800-421-0837
www.karlstorznetwork1.com/gynecology

At KARL STORZ our unwavering commitment to excellence continues to define the benchmark in minimally invasive surgery. A recent testament to our dedication is our Rubina™ system, a groundbreaking innovation that seamlessly toggles between high-definition 4K imaging and NIR/ICG fluorescence imaging overlay, monochromatic, and intensity-map modes provide precise visualization of lymph nodes and vessels when performing SLN mapping and/or lymphadenectomy.

Kureha America Inc. **822**

3151 Briarpark Drive, Ste. 1025
Houston, TX 77042
281-916-1633
www.kureha.com/

Kureha has developed a novel adhesion barrier film that could offer 1) High efficacy; reduces the risk of post-surgical adhesions by providing an extended contact period, 2) Flexibility; allows the film to be bent and be wrapped around forceps. 3) Repositionability; enables the film to be detached and repositioned within 30 secs of initial contact, even if applied to an undesired site. Please pay a visit to our booth and experience it firsthand.

LiNA Medical **211**

1856 Corporate Drive, Suite 135
Norcross, GA 30093
855-546-2633
www.linamedusa.com/

LiNA Medical is dedicated to developing innovative, simple to use devices that are designed to improve patient care within minimally invasive gynecology and urology. LiNA manufactures the LiNA OperåScope® single-use operative hysteroscopy system and LiNA Xcise®, cordless laparoscopic morcellator.

LivsMed, Inc. **614**

2305 Historic Decateur Road, Suite 100
San Diego, CA 92106
619-872-5555
www.livsmed.us

LivsMed brings groundbreaking technology to minimally invasive surgery. We envision a new paradigm of laparoscopic surgery where articulating technology is available to every surgeon. Working with physicians worldwide, LivsMed has been focusing on revolutionizing the capabilities of MIS and advancing patient outcomes since 2011. For more information, visit www.livsmed.us

LSI Solutions, Inc. **321**

7796 Victor Mendon Rd
Victor, NY 14564-8966
158-576-0644-5
www.lsisolutions.com

LSI SOLUTIONS®, located in beautiful Victor, New York, is a dynamic and growing medical device company that has more than doubled in size over the last seven years. LSI SOLUTIONS® is dedicated to advancing minimally invasive therapeutics through research, development, manufacturing, and marketing proprietary products.

MacroLux Medical Technology Co., Ltd. **217**

301, Building 3, NamTai Inno Park, Guang Ming Avenue SHENZHEN, Guangdong 518107, China
+86 0755-88656680
www.microlite.cn/

MacroLux is a company dedicated to endoscopic diagnosis and treatment, focused on providing innovative and reliable medical solutions to healthcare professionals around the world. We are focusing on the endoscopic intervention therapy market and prioritize the development of single-use electronic endoscope products.

Magill Medical Technology America Inc. **1114**

5122 W 97th St, Minneapolis MN 55437 USA
Minneapolis, MN 55437
406-219-6076
www.magillmed.com

MEDIFLEX **521**

250 Gibbs Road
Islandia, NY 11749
631-582-8440
www.mediflex.com/

Mediflex® offers the widest range of Holding Arms & Retractors for open, laparoscopic, and robotic surgery. Our signature reposable DynaTrac™ system helps reduce procedural costs & eliminates waste associated with disposable retractor frames. Create working space in the lower pelvis without an additional port using Port Free Retractors by Mediflex. Since 1975, Mediflex is proud to be the original manufacturer of the world famous Bookler® systems. Visit our booth to learn more

Meditrina **1226**

1190 Saratoga Ave #180
San Jose, CA 95129
408-471-4877
www.avetasystem.com

The Aveta System is a hysteroscopic tissue removal platform that received clearance in 2019. The system incorporates controls integrated directly on the hysteroscope handle for GYN autonomy, and a "True-North" SteadiView™ feature designed to maintain image orientation during hysteroscope rotation. The platform also utilizes a reduced-diameter hysteroscope (4.6mm) with distal expandable tip deflection technology that permits use of larger resecting devices despite the smaller scope profile.

Medtronic **203, MR-2**

710 Medtronic Parkway
Minneapolis, MN 55432
800-633-8766
www.medtronic.com

We lead global healthcare technology, boldly attacking the most challenging problems. Our Mission – to alleviate pain, restore health, and extend life – unites a global team of 90,000+ people, and our technologies transform the lives of two people every second, every hour, every day. Expect more from us. Medtronic. Engineering the extraordinary.

Memorial Healthcare System **1015**

4320 Sheridan St
Hollywood, FL 33021-5487
954-265-0904
www.memorialrehab.com

MIMEDX Group **623**

1775 W. Oak Commons Ct.
Marietta, GA 30062
770-590-3350
www.mimedx.com

MIMEDX is a transformational placental biologics company, developing and distributing placental tissue allografts with patent-protected, proprietary processes for multiple sectors of healthcare. MIMEDX has supplied over two million allografts, through both direct and consignment shipments. For additional information, please visit www.mimedx.com.

Minitouch **1240**

47853 Warm Springs Blvd
Fremont, CA 94539
510-651-5000
www.minitouch.us

Perform Office Endometrial Ablation with Minitouch 3.8 Era System. The Handpiece is slim and flexible as an IUD. The procedure is performed without timing, endometrial thinning, cavity sealing, dilation, block, IV or GA. At 36 months, 94% of patients had eumenorrhea with 59% amenorrhea/spotting, 95% had dramatic dysmenorrhea reduction with 71% reporting no dysmenorrhea at all, and 94% had no limitations at all in work/physical/social activities. Please visit Booth 1240 for a demonstration.

Moon Surgical **914**

619 Old County Road
San Carlos, CA 94070
www.moonsurgical.com/

Moon Surgical is on a mission to create the OR of the future, one that is sustainable, efficient, and digitalized. Designed to seamlessly integrate into your existing workflow, the innovative Maestro™ System offers a compact footprint comparable to a laparoscopic tower. The digital surgical assistant empowers surgeons with precise control and actionable insights, aiming to reduce procedure variability and increase OR efficiencies. Moon Surgical. Inspiring and innovating the art of surgery.

New Wave Endo **421**

6601 Lyons Road Suite D-8
Coconut Creek, FL 33073
888-700-8890
www.NewWaveEndo.com

The M-Close Kit is a multifunctional tool, which uses needle guides to deliver targeted abdominal nerve block anesthesia into the pre-peritoneal nerve plane. M-Close is the ONLY port closure device with integrated needles that hit both edges of the fascial defect simultaneously with one push of the button. This action delivers reproducible symmetrical suture placement every time. The M-Close shielded needles help prevent injury to intra-abdominal organs even under low pneumoperitoneum.

NinoMed, LLC **714**

241 Parker Rd
Chapel Hill, NC 27517
919-818-3711
www.ninomed.com/

Our mission is to provide innovative and useful medical products at affordable prices. NinoMed was founded by an academic surgeon with a passion for patient safety and operating room efficiency. NinoMed's positioners are designed to improve OR setup, efficiency, patient comfort and safety while reducing costs. Please see Safe-T-Secure, Our All-In-One Trendelenburg Patient Positioner for robotic and laparoscopic surgery.

Olympus America **311**

3500 Corporate Parkway
Center Valley, PA 18034
1-800-401-1086
www.medical.olympusamerica.com/products/orbeye

At Olympus, we are committed to Our Purpose of making people's lives healthier, safer and more fulfilling. As a global medical technology company, we partner with healthcare professionals to provide best-in-class solutions and services for early detection, diagnosis and minimally invasive treatment, aiming to improve patient outcomes by elevating the standard of care in targeted disease states.

Origyn Medical **621**

70 Country Way
Needham, MA 02492
775-800-7300
www.origynmed.com/

OriGyn Medical is an innovative med-tech company with offices in the US and China. We offer an ideal solution for office hysteroscopy and polypectomy procedures. The ClearVision disposable hysteroscopy system is easy to use and cost effective for multiple clinical applications. It works with Polygon tissue resection device to perform office polypectomy in minutes

Orlando Health **1021**

1414 Kuhl Ave
Orlando, FL 32806
256-468-4857
www.orlandohealth.com/medicalgroup

Ortho Molecular Products **722**

540 W Northwest Hwy
Barrington, IL 60010
815-337-0089
www.orthomolecularproducts.com/

OU Health **920**

700 NE 13th
Oklahoma City, OK 73104
405-271-4700
www.ouhealth.com

In partnership with the University of Oklahoma, OU Health is Oklahoma's only comprehensive academic health system of hospitals, clinics and centers of excellence focused on delivering the evidence-based healthcare that means patients receive the most advanced care and treatment available anywhere. With the state's largest and most comprehensive physician practice, OU Health Physicians, our doctors are the experts in prevention, treatment and cures, all while training the physicians of tomorrow.

Pee Bee India Endoscopy **927**

Zest Business centre M.G road, Ghatkopar east
Mumbai, 400077, India
91-9820065293
www.peebeeindia.com

Established in 1999 PEE BEE INDIA ENDOSCOPY grew in just a few years with innovative ideas and professional products to become a dependable partner in the medical instruments market worldwide. We not only envision ourselves as distributors, but also partners of our customers and surgeons who must really on their skills and our quality instruments to get the job done. WhatsApp +919820065293 Email peebeeindia@gmail.com

Pelvic Rehabilitation Medicine **1126**

2090 Palm Beach Lakes Blvd. Suite 700
West Palm Beach, FL 33409
269-760-0848

Porter Instrument **910**

245 Township Line Rd
Hatfield, PA 19440
267-436-2537 porter
www.porterinstrument.com/medical

Porter Instrument has been manufacturing nitrous oxide and oxygen delivery systems for over 50 years. Nitronox Plus® is the only demand flow system that offers 0-70% adjustable nitrous oxide which allows the clinician to dial in to each patient's specific needs vs. fixed 50/50 devices. Nitronox Plus is simple to use and helps manage your patient's pain and anxiety during minimally invasive in-office OBGYN procedures including hysteroscopy, IUD insertion and medical aesthetic procedures.

Rejoni **520, MR-12**

201 Burlington Rd.
Bedford, MA 01730
978-609-3248
www.rejoni.com/

Rejoni, Inc. is a privately held company based in Bedford, MA, focused on developing and commercializing gynecological products using its proprietary biomaterials. The company, founded in June 2020, is the latest venture by serial entrepreneur Amar Sawhney, who also founded Confluent Surgical, Ocular Therapeutix, and Augmenix, Inc.

Richard Wolf Medical Instruments **420**

353 Corporate Woods Pkwy
Vernon Hills, IL 60061
847-913-1113
www.richard-wolf.com/en-us/

Richard Wolf Medical Instruments is dedicated to improving patient outcomes through innovation in endoscopy. For over 100 years, Richard Wolf has pursued endoscopic solutions focused on improving surgical results while reducing patients' trauma. In the pursuit of the spirit of excellence, Richard Wolf prides itself on quality and innovation.

RILAP **220**

Rua Pamplona 1585 Sao Paulo, Sao Paulo
01405002, Brazil
+5511985748070
www.rilap.com.br/lifesurgerybox/en/

Life Surgery Box is a pioneering, U.S.-patented surgical device developed in Brazil to record and analyze images and data for the monitoring of surgeries. It captures, integrates, synchronizes, stores and exports data from different sources in real time into a single video file, supporting medical teaching, critical evaluation of surgical techniques and greater safety for patients and healthcare professionals.

Sagent Pharmaceuticals **1128**

1515 E. Woodfield Road, Suite 1100
Schaumburg, IL 60173
847-908-1600

Seckin Endometriosis Research Center **227**

872 5th Ave
New York, NY 10065
646-496-2100
www.drseckin.com/

Shogun Medical **826**

425 Broadhollow Road, Suite 427
Melville, NY 11747
+44 7890 537793
www.shogunmedical.com/

Shogun Medical is commercializing the Shogun Axis™ Fascial Closure System - a single-use trocar designed to deliver guided, reliable port-site closure during laparoscopic surgery. As the only complete FDA-cleared system to combine laparoscopic access and closure in one sterile, ready-to-use pack, it offers a more streamlined approach to trocar site management. Shogun Axis™ is designed to improve consistency, efficiency, and reproducibility in laparoscopic port-site closure.

SoLá Pelvic Therapy **622**

18 Shea Way, Suite 103
Newark, DE 19713
www.solapelvictherapy.com

SoLá Pelvic Therapy® delivers non-ablative, non-thermal photobiomodulation to pelvic muscles for chronic pelvic pain associated with hypertonicity or tenderness. More than 12,000 treatments have been performed nationwide. Preliminary RCT results suggest significant, durable pain reduction. SoLá has a Category III CPT® code and is pursuing FDA and AMA pathways toward reimbursement. Ask about the VOICE Registry and adding SPT to your clinic.

Sumitomo Pharma America, Inc. **922**

84 Waterford Drive
Marlborough, MA 01752
508-481-6700

Surgical Modeling Solutions **417**

New York, NY
508-965-8207
www.surgicalmodelingsolutions.com

Surgical Principals, Inc. **827**

1625 South Tacoma Way
Tacoma, WA 98409
253-441-6509
www.surgicalprincipals.com/

Surgical Principals' LaproSac™ Ripstop Nylon Retrieval Bags–featuring a true 5mm introducer, the widest variety of sizes, and the largest mouth openings on the market. With options from 50mL to 6000mL, durable ripstop nylon resists tearing while delivering significant cost savings. Also explore our comprehensive retractor portfolio, including self-retaining, table-mounted, and laparoscopic retraction solutions.

Surgical Science **210**

23500 Mercantile Rd, Suite F
Beachwood, OH 44122
800-918-1670
www.surgicalscience.com/

Surgical Science is a leading provider of medical simulation training and software solutions. Together with healthcare partners and customers worldwide, we enhance patient safety and healthcare outcomes through evidence-based simulation to improve clinical proficiency and performance. Our ready-to-use simulators with standardized yet customizable curricula allow professionals to choose among a large variety of simulation solutions to meet their specific training needs and preferences.

SYLKE, Inc. 1009

4150 Regents Park RowSuite 300 La Jolla, CA 92037
858-727-9553
www.sylke.com/

SZ HugeMed MED TECH DEV CO.,LTD 1022

8th Floor, Tempus Building A, Qingshui River Road, Luohu Dis Shenzhen, , China
86-755-222-7586-6
www.hugemed.net/About/index.html#26

Shenzhen HugeMed Medical Technical Development Co., Ltd. (a.k.a. HugeMed) founded in 2014, is a high-tech company that dedicated to medical endoscopes, forming a team covering R&D, manufacturing, sales, and service. To bring decent endoscopy to all people in need, HugeMed has launched single-use and reusable endoscopes applicable in multiple fields during its first decade of independent R&D and global market expansion, securing hundreds of certifications including NMPA, CE, FDA, and MDSAP.

UTHealth Houston - Department of Obstetrics, Gynecology and Reproductive Sciences 820

6431 Fannin Street MSB 3.286
Houston, TX 77030
713-486-7700
med.uth.edu/obgyn

UTHealth Houston Advanced Minimally Invasive Gynecology (AMIG) program offers comprehensive, evidence-based care for complex gynecologic conditions, including fibroids, endometriosis, adenomyosis, and abnormal uterine bleeding. Faculty perform advanced laparoscopic, robotic, hysteroscopic, and vaginal procedures and lead a fellowship in minimally invasive gynecologic surgery, training the next generation of specialists while advancing multidisciplinary patient care.

Veol Medical Technologies PVT Ltd 821

A747, Pawane MIDC, TTC Industrial Area Navi Mumbai, Maharashtra 400705, India
+91-9702799229
www.veolmedtech.com

Veol Medical Technologies (VMT) is a medical device manufacturer focused on women's health. We offer innovative, minimally invasive solutions like the CE-certified Versator Morcellator with MORSAFE Bag for fibroid removal. Our FDA 510(k)-cleared products include the EzCatch tissue retrieval bag and EzVu, a patented vasopressor injector. With a presence in over 40 countries, Veol is committed to safer, smarter gynecologic surgery. We are seeking for distributorship in US.

Visionary ASC 218

3206 Tower Oaks Blvd, Suite 200
Rockville, MD 20852
301-652-4800
www.visionaryasc.org

Women's Healthcare Associates, LLC 1027

7650 SW Beveland St. Suite 200
Portland, OR 97223
503-997-1890
www.whallc.com/

Xenco Medical 926

9930 Mesa Rim Road
San Diego, CA 92121
858-900-1749
www.xencomedical.com

Xodus Medical, Inc. 917

702 Prominence Drive
New Kensington, PA 15068
724-337-5500
www.xodusmedical.com

Xodus Medical provides patient-safety best practices for surgeons and operating room nurses. We deliver cutting-edge solutions that help protect patients and promote positive surgical outcomes.

Zhejiang Geyi Medical Instrument Co.,Ltd 523

No. 8, Wanqitaibao Road, Yangxi Street, Jiande, Zhejiang, China
+86-15216762608
www.geyi-medical.com

Geyi Medical specializes in single-use digital endoscopy solutions for minimally invasive gynecological procedures. Our disposable hysteroscope provides clinicians with high-quality visualization, efficient workflow, and reduced risk of cross-contamination. Backed by FDA 510(k), CE MDR, and global certifications, Geyi Medical is committed to empowering gynecologists worldwide with reliable, innovative technologies that improve procedural safety and patient care.

Ziwig 219

19 rue Riboud Lyon, 69003, France
+33 6 43 63 75 75
www.ziwig.com/en/home/

Ziwig is a pioneering French biotech company specializing in diagnostics based on salivary RNA analysis and artificial intelligence. Ziwig Endotest®, is a simple, non-invasive saliva test for the early and reliable diagnosis of endometriosis. Ziwig Endotest® is intended for patients aged 18 to 43, with symptoms suggestive of endometriosis1 and/or unexplained infertility. It offers a high reliability: Sensitivity > 97%, specificity > 93%1. 1.Instructions for use of the IVD device



AAGL Upcoming Educational Programs

The following meetings are sponsored or endorsed by the AAGL. Endorsed programs meet the caliber of education that the AAGL recommends to its members as part of their continuing education.

For more information, please visit www.aagl.org.

Minimally Invasive Gynecologic Surgery Course and Cadaver Lab
Course Directors:
Emad Mikhail, MD
Nash S. Moawad, MD, MS
January 8–10, 2027
The Center for Advanced Medical Learning and Simulation
Tampa, Florida

22nd AAGL International Congress
In affiliation with the Polish Society for Minimally Invasive Gynecology
Scientific Program Chairs:
Artur Ludwin, MD, PhD
Piotr Marianowski, MD
Michael Hibner, MD, PhD
June 16–19, 2027
Warsaw, Poland

23rd AAGL International Congress
In affiliation with the Federacion Mexicana de Asociaciones y Colegios de Endoscopia Ginecologica (FEMEG)
Scientific Program Chair:
Luis Marcelo Garza Ayala, MD
FEMEG President:
Luis Fernando García Rodríguez, MD
September 1–4, 2027
Pabellón M
Monterrey, Nuevo León, México



Save the Date!

56th AAGL Global Congress on MIGS

Scientific Program Chair:
Rosanne M. Kho, MD

November 3–6, 2027
San Diego Convention Center



A Heartfelt Thank You to the AAGL Team

Thank you to the AAGL Team for your dedication, hard work, and commitment to making this Global Congress a tremendous success. Your passion, teamwork, and countless contributions have made a lasting impact on our attendees and our organization.

Linda Michels, Executive Director
Roman Bojorquez, Director of Operations
Linda J. Bell, Content Delivery Manager, Grants & SurgeryU
Heather Bradford, Client Relations Specialist
Arcy Dominguez, CBGF Program Manager
Gerardo Galindo, Membership Manager
Kyle Hicks, EMIGS Program Manager
Kenita Hidalgo, Manager, Meetings and Events
Kathy McMahon, Executive Management Facilitator
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Christopher Rivera, Marketing Associate
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Linda Stewart, Controller
Abigail Symonds, SurgeryU Manager
Arshpreet K. Tiwana, CBGF Coordinator
Corby Wagner, EMIGS Program Coordinator
Doreen Wiley, Marketing and Communications Manager

We would also like to recognize Baron Miller of Buzzbox Media for his inspired graphic design!

FEMEG + AAGL 23RD INTERNATIONAL CONGRESS

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OUR CONGRESS:

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We look forward to welcoming the global AAGL community.

Scientific Program Chair:
LUIS MARCELO GARZA AYALA

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